MULTIPLE CHOICE QUESTIONS

GUIDE

CBT EXAMS

FOR

NMC

1. **What is the role of the NMC?**

   a) To represent or campaign on behalf of nurses and midwifes
   b) To regulate hospital or other healthcare settings in the UK
   c) To regulate health care assistance
   d) To regulate nurses and midwives in the UK to protect the public

2. **What is the purpose of The NMC Code?**

   a) It outlines specific tasks or clinical procedures
   b) It ascertains in detail a nurse's or midwife's clinical expertise
   c) It is a tool for educating prospective nurses and midwives

3. **All are purposes of NMC except:**

   a) NMC's role is to regulate nurses and midwives in England, Wales, Scotland and Northern Ireland.
   b) It sets standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.
   c) It makes sure that nurses and midwives keep their skills and knowledge up to date and uphold its professional standards.
   d) It is responsible for regulating hospitals or other healthcare settings.

4. **The UK regulator for nursing & midwifery professions within the UK with a started aim to protect the health & well-being of the public is:**

a) GMC
b) NMC
c) BMC
d) WHC

5. **Which of the following agency set the standards of education, training and conduct and performance for nurses and midwives in the UK?**

a) NMC
b) DH
c) CQC
d) RCN

6. **What do you mean by code of ethics?**

A) Legal activities of a registered nurse who work in the UK
B) Legislative body to control nurses

7. **The Code contains the professional standards that registered nurses and midwives must uphold. UK nurses and midwives must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles; such as leadership, education or research. What 4 Key areas does the code cover:**

a) Prioritise people, practise effectively, preserve safety, promote professionalism and trust
b) Prioritise people, practise safely, preserve dignity, promote professionalism and trust
c) Prioritise care, practise effectively, preserve security, promote professionalism and trust
d) Prioritise care, practise safely, preserve security, promote kindness and trust

8. **NMC requires in the UK how many units of continuing education units a nurse should have in 3 years?**

a) 35 Units
b) 45 Units
c) 55 Units
d) 65 Units

9. **The code is the foundation of**

a) Dress code
b) Personal document
c) Good nursing & midwifery practice & a key tool in safeguarding the health &wellbeing of the public
d) Hospital administration

10. **According to NMC Standards code and conduct, a registered nurse is EXCLUDED from legal action in which one of these?**

a) Fixed penalty for speeding
b) Possessing stock medications
c) Convicted for fraud
d) Convicted for theft

11. **The NMC Code expects nurse to safeguarding the health and wellbeing of public through the use of best available evidence in practice. Which of the following nursing actions will ensure this?**

a) using isopropyl alcohol 70% to wipe skin prior to cannulation
b) suggesting healthcare products or services that are still trialled
c) ensure that the use of complementary or alternative therapies is safe and in the best interest of those in your care
d) all

12. **Among the following values incorporated in NMC's 6 C's, which is not included?**

a) Care
b) Courage
c) Confidentiality

d) Communication

13. Which of the following is NOT one of the six fundamental values for nursing, midwifery and care staff set out in compassion in Practice Nursing, Midwifery & care staff?

a) Care
b) Consideration
c) Communication
d) Compassion

14. A nurse delegates duty to a health assistant, what NMC standard she should keep in mind while doing this?

a) She transfers the accountability to care assistant
b) RN is accountable for care assistant's actions
c) No need to assess the competency, as the care assistant is expert in her care area
d) Healthcare assistant is accountable to only her senior

15. According to law in England, UK when you faced with a situation of emergency what is your action?

a) Should not assist when it is outside of work environment
b) Law insists you to stop and assist
c) You are not obliged in any way but as a professional duty advises you to stop and assist
d) Do not involve in the situation

16. A patient has been assessed as lacking capacity to make their own decisions, what government legislation or act should be referred to:

a) Health and Social Care Act (2012)
b) Mental capacity Act (2005)
c) Carers (Equal opportunities) Act (2004)
d) All of the above

17. Under the Carers (Equal opportunities) Act (2004) what are carers entitled to?

a) Their own assessment
b) Financial support
c) Respite care
d) All of the above

18. How many steps to discharge planning were identified by the Department of Health (DH 2010)?

a) 5 steps
b) 8 steps
c) 10 steps
d) 12 steps

19. The single assessment process was introduced as part of the National Service Framework for Older People (DH 2001) in order to improve care for this groups of patients.

a) True
b) False

20. Under the Carers (Equal opportunities) Act (2004) what are carers entitled to?

a) Their own assessment
b) Financial support
c) Respite care
d) All of the above

21. Which law provides communication aid to patient with disability?

a) Communication Act
b) Equality Act
c) Mental Capacity Act
d) Children and Family Act

22. What law should be taken into consideration when a patient has hearing difficulties and would need hearing aids?

a) Mental capacity Act

b) Equality act
c) Communication law

23. Hearing aid provide to client comes under which act?

a) communication act
b) mental capacity act
c) children and family act.
d) Equality Act

24. Mental Capacity Act 2005 explores which of the following concepts:

a) Mental capacity, advance treatment decisions, and act's code of practice
b) Mental capacity, independent mental capacity advocates, and the act's code of practice
c) Mental capacity, advance treatment decisions, independent mental capacity advocates, and the act's code of practice
d) Mental capacity and the possible ethical and legal dilemmas in its interpretation.

25. A patient has been assessed as lacking capacity to make their own decisions, what government legislation or act should be referred to:

a) Health and Social Care Act (2012)
b) Mental capacity Act (2005)
c) Carers (Equal opportunities) Act (2004)
d) All of the above

26. An enquiry was launched involving death of one of your patients. The police visited your unit to investigate. When interviewed, which of the following framework will best help assist the investigation?

a) Data Protection Act 2005
b) Storage of Records Policy
c) Consent policy
d) Confidentiality guidelines

27. Which of the following statements is false?

a) Abuse mostly happens in nursing and residential homes.
b) Abuse can take place anywhere there is a vulnerable adult.
c) Abuse can take place in a day care centre.
d) Abuse can be carried out by anyone – doctors, nurses, carers and even family members.

28. During the day, Mrs X was sat on a chair and has a table put in front of her to stop her getting up and walking about. What type of abuse is this?

a) Physical Abuse
b) Psychological Abuse
c) Emotional Abuse
d) Discriminatory Abuse

29. Michael feels very uncomfortable when the carer visiting him always gives him a kiss and holds him tightly when he arrives and leaves his home. What type of abuse is this?

a) Emotional Abuse
b) Psychological Abuse
c) Discriminatory Abuse
d) Sexual Abuse

30. Anna has been told that unless she does what the ward staff tell her, the consultant will stop her family from visiting. What type of abuse is this?

a) Psychological Abuse
b) Discriminatory Abuse
c) Institutional Abuse
d) Neglect

31. Christine cannot get herself a drink because of her disability. Her carers only give her drinks three times a day so she does not wet herself. What type of abuse is this?

a) Physical Abuse
b) Institutional Abuse
c) Neglect

d) Sexual Abuse

32. **Gabriella is 26 year old woman with severe learning disabilities. She is usually happy and outgoing. Her mobility is good, her speech is limited but she is able to be involved if carers take time to use simple language. She lives with her mother, and is being assisted with personal care. Her home care worker has noticed bruising on upper insides of her thighs and arms. The genital area was red and sore. She told the care worker that a male care worker is her friend and he has been cuddling her but she does not like the cuddling because it hurts. What could possibly be the type of abuse Gabriella is experiencing?**

a) Discriminatory Abuse
b) Financial Abuse
c) Sexual Abuse
d) Institutional Abuse

33. **You have noticed that the management wants all residents to be up and about by 8:30 am, so they can be ready for breakfast. Mrs X has refused to get up at 8 am, and she wants to have a bit of a lie in, but one of the carers insisted to wash and dress her, and took her to the dining room. What type of abuse in in place?**

a) Financial Abuse
b) Psychological Abuse
c) Sexual Abuse
d) Institutional Abuse

34. **Patient asking for LAMA, the medical team has concern about the mental capacity of the patient, what decision should be made?**

a) call the police
b) call the security
c) let the patient go
d) encourage the patient to wait by telling the need for treatment

35. **You are in a registered nurse in a community giving health education to a patient and you notice that the student nurse is using his cell phone to text, what should you do?**

a) Tell the student to leave and emphasize what a disappointment she is
b) Report the student to his Instructor after duty

c) Politely signal the student and encourage him by actively including him in the discussion

36. A person supervising a nursing student in the clinical area is called as:

a) mentor
b) preceptor
c) interceptor
d) supervisor

37. Training of student nurses is the responsibility of:

a) Ward in charge
b) Senior nurses
c) Team leaders
d) All RNS

38. You can delegate medication administration to a student if:

a) The student was assessed as competent
b) Only under close, direct supervision
c) The patient has only oral medication

39. A community health nurse, with second year nursing students is collecting history in a home. Nurse notices that a student is not at all interested in what is going around and she is chatting in her phone. Ideal response?

a) Ask the student to leave the group
b) Warn her in public that such behaviours are not accepted
c) Inform to the principal
d) Talk to her in private and make her aware that such behaviours could actually belittle the profession

40. In supervising a student nurse perform a drug rounds, the NMC expects you to do the following at all times:

a) supervise the entire procedure and the sign the chart
b) allow student to give drugs and sign the chart at the end of shift
c) delegate the supervision of the student to a senior nursing assistant and ask for feedback
d) allow the student to observe but not signing on the chart

41. A nurse preceptor is working with a new nurse and notes that the new nurse is reluctant to delegate tasks to members of the care team. The nurse preceptor recognizes that this reluctance most likely is due to

a) Role modelling behaviours of the preceptor
b) The philosophy of the new nurse's school of nursing
c) The orientation provided to the new nurse
d) Lack of trust in the team members

42. Being a student, observe the insertion of an ICD in the clinical setting. This is

a) Formal learning
b) Informal learning

43. When you tell a 3rd year student under your care to dispense medication to your patient what will you assess?

a) Whether s/he is able to give medicine
b) Whether s/he is under your same employment
c) His/her competence and skills
d) Supervise directly

44. You are mentoring a 3rd year student nurse, the student request that she want to assist a procedure with tissue viability nurse, how can you deal with this situation

a) Tell her it is not possible
b) Tell her it is possible if you provide direct supervision
c) Call to the college and ask whether it is possible for a 3rd student to assist the procedure
d) Allow her as this is the part of her learning

45. A registered nurse is a preceptor for a new nursing graduate an is describing critical paths and variance analysis to the new nursing graduate. The registered nurse instructs the new nursing graduate that a variance analysis is performed on all clients:

a) Continuously
b) daily during hospitalization
c) every third day of hospitalization

d) every other day of hospitalization

46. you have assigned a new student to an experienced health care assistant to gain some knowledge in delivering patient care. The student nurse tells you that the HCA has pushed the client back to the chair when she was trying to stand up. What is your action

a) As soon as possible after an event has happened (to provide current (up to date) information about the care and condition of the patient or client)
b) Every hour
c) When there are significant changes to the patient's condition
d) At the end of the shift

47. Who is responsible for the overall assessment of the student's fitness to practice and documentation of initial, midterm and final assessments in the Ongoing Achievement Record (OAR)?

a) The mentor
b) The charge nurse/manager
c) Any registered nurse on same part of the register

48. What is the minimum length of time that a student must be supervised (directly/indirectly) by the mentor on placement?

a) 40%
b) 60%
c) Not specified, but as much as possible
d) Depends on the student capabilities

49. Which student require a SOM?

a) All consolidation students who started an NMC approved undergraduate programme which commenced after September 2007.
b) Learners undertaking conversion courses
c) Students on their final placement in 2nd year
d) Nurses/midwifes undertaking Mentorship Preparations
e) All midwifery pre-registrations students throughout training
f) Nurses/midwives undertaking SOM Preparation.

50. A nurse educator is providing in-service education to the nursing staff regarding transcultural nursing care. A staff member asks the nurse educator to describe the concept of acculturation. The most appropriate response in which of the following?

a) It is subjective perspective of the person's heritage and sense of belonging to a group
b) It is a group of individuals in a society that is culturally distinct and has a unique identity
c) It is a process of learning, a different culture to adapt to a new or change in environment
d) It is a group that share some of the characteristics of the larger population group of which it is a part

51. You are the nurse in charge of the unit and you are accompanied by 4th year nursing students.

a) Allow students to give meds
b) Assess competence of student
c) Get consent of patient
d) Have direct supervision

52. When doing your drug round at midday, you have noticed one of your patient coughing more frequently whilst being assisted by a nursing student at mealtime. What is your initial action at this situation?

a) tell the student to feed the patient slowly to help stop coughing
b) ask the student to completely stop feeding
c) ask student to allow patient some sips of water to stop coughing
d) ask student to stop feeding and assess patients swallowing

53. According to the royal marsden manual, a staff who observe the removal of chest drainage is considered as?

a) Official training
b) Unofficial training
c) Hours which are not calculated as training hours
d) It is calculated as prescribed training hours.

54. To whom should you delegate a task?

a) Someone who you trust
b) Someone who is competent
c) Someone who you work with regularly

d) All of the above

55. Which of the following is an important principle of delegation?

a) No transfer of authority exists when delegating
b) Delegation is the same as work allocation
c) Responsibility is not transferred with delegation
d) When delegating, you must transfer authority

56. A staff nurse has delegated the ambulating of a new post-op patient to a new staff nurse. Which of the following situations exhibits the final stage in the process of delegation?

a) Having the new nurse tell the physician the task has been completed.
b) Supervising the performance of the new nurse
c) Telling the unit manager, the task has been completed
d) Documenting that the task has been completed.

57. Which of the following is a specific benefit to an organization when delegation is carried out effectively?

a) Delegates gain new skills facilitating upward mobility
b) The client feels more of their needs are met
c) Managers devote more time to tasks that cannot be delegated
d) The organization benefits by achieving its goals more efficiently

58. The measurement and documentation of vital signs is expected for clients in a long-term facility. Which staff type would it be a priority to delegate these tasks to?

a) Practical Nurse
b) Registered Nurse
c) Nursing assistant
d) Volunteer

59. Which task should be assigned to the nursing assistant?

a) Placing the client in seclusion

b) Emptying the Foley catheter for the preclamptic client
c) Feeding the client with dementia
d) Ambulating the client with a fractured hip

60. Independent Advocacy is:

a) Providing general advice
b) Making decisions for someone
c) Care and support work
d) Agreeing with everything a person says and doing anything a person asks you to do
e) None of the above

61. What is meant by an advocate?

a) Someone who develops opportunities for the patient
b) Someone who has the same beliefs as the patient
c) Someone who does something on behalf of the patient
d) Someone who has the same values as the patient.

62. A Nurse demonstrates patient advocacy by becoming involved in which of the following activities?

a) Taking a public stand on quality issues and educating the public on" public interest" issues
b) Teaching in a school of nursing to help decrease the nursing shortage
c) Engaging in nursing research to justify nursing care delivery
d) Supporting the status quo when changes are pending

63. In the role of patient advocate, the nurse would do which of the following?

a) Emphasize the need for cost-containment measures when making health care decisions
b) Override a patient's decision when the patient refuses the recommended treatment
c) Support a patient's decision, even if it is not the decision desired by the nurse
d) Foster patient dependence on health care providers for decision making

64. What is Advocacy according to NHS Trust?

a) It is taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need.
b) This is the divulging or provision of access to data
c) It is the response to the suffering of others that motivates a desire to help
d) It is a set of rules or a promise that limits access or places restrictions on certain types of information.

65. A nurse is caring for a patient with end-stage lung disease. The patient wants to go home on oxygen and be comfortable. The family wants the patient to have a new surgical procedure. The nurse explains the risk and benefits of the surgery to the family and discusses the patient's wishes with the family. The nurse is acting as the patient's:

a) Educator
b) Advocate
c) Care giver
d) Case manager

66. A patient with learning disability is accompanied by a voluntary independent mental capacity advocate. What is his role?

a) Express patients' needs and wishes. Acts as a patient's representative in expressing their concerns as if they were his own
b) Just to accompany the patient
c) To take decisions on patient's behalf and provide their own judgements as this benefit the client
d) Is expert and representative's clients concerns, wishes and views as they cannot express by themselves

67. A client experiences an episode of pulmonary oedema because the nurse forgot to administer the morning dose of furosemide (Lasix). Which legal element can the nurse be charged with?

a) Assault
b) Slander
c) Negligence
d) Tort

68. The client is being involuntary committed to the psychiatric unit after threatening to kill his spouse and children. The involuntary commitment is an example of what bioethical principle?

a) Fidelity
b) Veracity
c) Autonomy

d) Beneficence

69. What is accountability?

a) Ethical and moral obligations permeating the nursing profession
b) To be answerable to oneself and others for one's own actions."
c) A systematic approach to maintaining and improving the quality of patient care within a health system (NHS).
d) The process of applying knowledge and expertise to a clinical situation to develop a solution

70. According to the nursing code of ethics, the nurse's first allegiance is to the:

a) Client and client's family
b) Client only
c) Healthcare organization
d) Physician

71. Which option best illustrates a positive outcome for managed care?

a) Involvement in the political process.
b) Reshaping current policy.
c) Cost-benefit analysis.
d) Increase in preventive services

72. While at outside setup what care will you give as a Nurse if you are exposed to a situation?

a) Provide care which is at expected level
b) Above what is expected
c) Ignoring the situation
d) Keeping up to professional standards

73. As a nurse, the people in your care must be able to trust you with their health and well being. In order to justify that trust, you must not:

a) work with others to protect and promote the health and wellbeing of those in your care
b) provide a high standard of practice and care when required
c) always act lawfully, whether those laws relate to your professional practice or personal life

d) be personally accountable for actions and omissions in your practice

74. Describe the primary focus of a manager in a knowledge work environment.

a) Developing the most effective teams
b) Taking risks.
c) Routine work
d) Understanding the history of the organization.

75. In using social media like Facebook, how will you best adhere to your Code of Conduct as a nurse? (CHOOSE 2 ANSWERS)

a) Never have relationship with previous patient
b) Never post pictures concerning your practice
c) Never tell you are a nurse
d) Always rely SOLELY in your FBs privacy setting

76. Which strategy could the nurse use to avoid disparity in health care delivery?

a) Recognize the cultural issue related to patient care
b) Request more health plan options
c) Care for more patients even if quality suffers
d) Campaign for fixed nurse patient ratios

77. In an emergency department doctor asked you to do the procedure of cannulation and left the ward. You haven't done it before. What would you do?

a) Don't do it as you are not competent or trained for that & write incident report & inform the supervisor
b) What is the purpose of clinical audit?
c) Do it
d) Ask your colleague to do it
e) Complain to the supervisor that doctor left you in middle of the procedure

78. NMC defines record keeping as all of the following except:

a) Helping to improve advocacy

b) Showing how decisions related to patient care were made
c) Supporting effective clinical judgements and decisions
d) Helping in identifying risks, and enabling early detection of complications

79. When do we need to document?

a) As soon as possible after an event has happened to provide current up to date information about the care and condition of the patient or client
b) Every hour
c) When there are significant changes to the patient's condition
d) At the end of the shift

80. All should be seen in a good documentation except:

a) legible handwriting
b) Name and signature, position, date and time
c) Abbreviations, jargon, meaningless phrases, irrelevant speculation and offensive subjective statements
d) A correct, consistent, and factual data

81. A nurse documented on the wrong chart. What should the nurse do?

a) Immediately inform the nurse in charge and tell her to cross it all off.
b) Throw away the page
c) Write line above the writing; put your name, job title, date, and time.
d) Ignore the incident.

82. After finding the patient which statement would be most appropriate for the nurse to document on a datix/incident form?

a) "The patient climbed over the side rails and fell out of bed."
b) "The use of restraints would have prevented the fall."
c) "Upon entering the room, the patient was found lying on the floor."
d) "The use of a sedative would have helped keep the patient in bed."

83. Information can be disclosed in all cases except:

a) When effectively anonymized.
b) When the information is required by law or under a court order.
c) In identifiable form, when it is required for a specific purpose, with the individual's written consent or with support under the Health Service
d) In Child Protection proceedings if it is considered that the information required is in the public or child's interest

84. Adequate record keeping for a medical device should provide evidence of:

a) A unique identifier for the device, where appropriate
b) A full history, including date of purchase and where appropriate when it was put into use, deployed or installed
c) Any specific legal requirements and whether these have been met
d) Proper installation and where it was deployed
e) Schedule and details of maintenance and repairs
f) The end-of-life date, if specified
g) All of the above

85. A registered nurse had a very busy day as her patient was sick, got intubated & had other life saving procedures. She documented all the events & by the end of the shift recognized that she had documented in other patient's record. What is best response of the nurse?

a) She should continue documenting in the same file as the medical document cannot be corrected
b) She should tear the page from the file & start documenting in the correct record
c) She should put a straight cut over her documentation & write as wrong, sign it with her NMC code, date & time
d) She should write as wrong documentation in a bracket & continue

86. Barbara, a frail lady who lives alone with her cat, was brought in A&E via ambulance after a neighbour found her lying in front of her house. No doctor is available to see her immediately. Barbara told you she is worried about her cat who is alone in the house. How will you best reply to her?

a. "You should worry about yourself and not the cat."
b. "Your cat sounded like very dear to you. Can I ask your neighbour to check?"
c. "Do you want me to see you cat also? I cannot do that now."
d. "Your cat can look after itself, I am sure."

87. What are essential competencies for today's nurse manager?

a) strategic planning and design
b) Self and group awareness
c) A vision and goals
d) Communication and teamwork

88. A very young nurse has been promoted to nurse manager of an inpatient surgical unit. The nurse is concerned that older nurses may not respect the manager's authority because of the age difference. How can this nurse manager best exercise authority?

a) Maintain in an autocratic approach to influence results.
b) Understand complex health care environments.
c) Use critical thinking to solve problems on the unit
d) Give assignments clearly, taking staff expertise into consideration

89. What statement, made in the morning shift report, would help an effective manager develop trust on the nursing unit?

a) I know I told you that you could have the weekend off, but I really need you to work."
b) The others work many extra shifts, why can't you?
c) I'm sorry, but I do not have a nurse to spare today to help on your unit. I cannot make a change now, but we should talk further about schedules and needs."
d) I can't believe you need help with such a simple task. Didn't you learn that in school?"

90. The nurse has **just been promoted to unit manager. Which advice, offered by a senior unit manager, will help this nurse become inspirational and motivational in this new role?**

a) "If you make a mistake with your staff, admit it, apologize, and correct the error if possible."
b) "Don't be too soft on the staff. If they make a mistake, be certain to reprimand them immediately."
c) "Give your best nurses extra attention and rewards for their help."
d) "Never get into a disagreement with a staff member.

91. The nurse executive of a health care organization wishes to prepare and develop nurse managers for several new units that the organization will open next year. What should be the primary goal for this work?

a) Focus on rewarding current staff for doing a good job with their assigned tasks by selecting them for promotion.
b) Prepare these managers so that they will focus on maintaining standards of care
c) Prepare these managers to oversee the entire health care organization
d) Prepare these managers to interact with hospital administration.

92. A nurse manager is planning to implement a change in the method of the documentation system for the nursing unit. Many problems have occurred as a result of the present documentation system, and the nurse manager determines that a change is required. The initial step in the process of change for the nurse manager is which of the following?

a) plan strategies to implement the change
b) identify the inefficiency that needs improvement or correction
c) identify potential solutions and strategies for the change process

93. What are the key competencies and features for effective collaboration?

a) Effective communication skills, mutual respect, constructive feedback, and conflict management.
b) High level of trust and honesty, giving and receiving feedback, and decision making.
c) Mutual respect and open communication, critical feedback, cooperation, and willingness to share ideas and decisions.
d) Effective communication, cooperation, and decreased competition for scarce resources.

94. All of the staff nurses on duty noticed that a newly hired staff nurse has been selective of her tasks. All of them thought that she has a limited knowledge of the procedures. What should the manager do in this situation?

a) Reprimand the new staff nurse in front of everyone that what she is doing is unacceptable.
b) Call the new nurse and talk to her privately; ask how the manager can be of help to improve her situation
c) Ignore the incident and just continue with what she was doing.
d) Assign someone to guide the new staff nurse until she is competent in doing her tasks.

95. What do you mean by a bad leadership?

a) Appreciate intuitiveness
b) Appreciate better work
c) Reward poor performance

96. There have been several patient complaints that the staff members of the unit are disorganized and that "no one seems to know what to do or when to do it." The staff members concur that they don't have a real sense of direction and guidance from their leader. Which type of leadership is this unit experiencing?

a) Autocratic.
b) Bureaucratic.
c) Laissez-faire.
d) Authoritarian.

97. Ms. Castro is newly-promoted to a patient care manager position. She updates her knowledge on the theories in management and leadership in order to become effective in her new role. She learns that some managers have low concern for services and high concern for staff. Which style of management refers to this?

a) Organization Man
b) Impoverished Management
c) Country Club Management
d) Team Management

98. Ms. Jones is newly promoted to a patient care manager position. She updates her knowledge on the theories in management and leadership in order to become effective in her new role. She learns that some managers have low concern for services and high concern for staff. Which style of management refers to this?

a) Country Club Management
b) Organization Man
c) Impoverished Management
d) Team Management

99. When group members are unable and unwilling to participate in making a decision, which leadership style should the nurse manager use?

a) Participative
b) Authorian
c) Laissez faire
d) Democratic

100. One leadership theory states that "leaders are born and not made," which refers to which of the following theories?

a. Trait
b. Charismatic
c. Great Man
d. Situational

101. She reads about Path Goal theory. Which of the following behaviours is manifested by the leader who uses this theory?

a. Recognizes staff for going beyond expectations by giving them citations
b. Challenges the staff to take individual accountability for their own practice
c. Admonishes staff for being laggards.
d. Reminds staff about the sanctions for non performance.

102. Which nursing delivery model is based on a production and efficiency model and stresses a task-oriented approach?

1) Case management
2) Primary nursing
3) Differentiated practice
4) Functional method

103. The contingency theory of management moves the manager away from which of the following approaches?

1) No perfect solution
2) One size fits all
3) Interaction of the system with the environment
4) A method or combination of methods that will be most effective in a given situation

104. Which of the major theories of aging suggests that older adults may decelerate the aging process?

1) Disengagement theory
2) Activity theory
3) Immunology theory

4) Genetic theory

105. What is the most important issue confronting nurse managers using situational leadership?

a) Leaders can choose one of the four leadership styles when faced with a new situation.
b) Personality traits and leader's power base influence the leader's choice of style
c) Value is placed on the accomplished of tasks and on interpersonal relationships between leader and group members and among group members
d) Leadership style differs for a group whose members are at different levels of maturity

106. The nursing staff communicates that the new manager has a focus on the "bottom line," and little concern for the quality of care. What is likely true of this nurse manager?

a) The manager is unwilling to listen to staff concerns unless they have an impact on costs.
b) The manager understands the organization's values and how they mesh with the manger's values.
c) The manager is communicating the importance of a caring environment.
d) The manager is looking at the total care picture

107. An example of a positive outcome of a nurse-health team relationship would be:

a) Receiving encouragement and support from co-workers to cope with the many stressors of the nursing role
b) Becoming an effective change agent in the community
c) An increased understanding of the family dynamics that affect the client
d) An increased understanding of what the client perceives as meaningful from his or her perspective

108. The characteristic of an effective leader includes:

a) attention to detail
b) sound problem-solving skills and strong people skills
c) emphasis on consistent job performance
d) all of the above

109. The following are qualities of a good leader, except:

a) Shows empathy to members

b) His behaviour contributes to the team
c) Acknowledges and accepts members mistakes - without any corrections
d) Does not accept criticisms from members

110. A nurse manger achieves a higher management position in the organisation, there is a need for what type of skills?

a) Personal and communication skills
b) Communication and technical skills
c) Conceptual and interpersonal skills
d) Visionary and interpersonal skills

111. The famous 14 Principles of Management was first defined by

a) James Watt
b) Adam Smith
c) Henri Fayol
d) Elton Mayo

112. You are a new and inexperienced staff, which of the following actions will you do during your first day on the clinical area?

a) Acknowledge your limitations, seek supervision from your team leader
b) volunteer to do the drug rounds
c) help in admitting the patients
d) answer all enquiries from the patients

113. A patient has sexual interest in you. What would you do?

a) Just avoid it, because the problem can be the manifestation of the underlying disorder, and it will be resolved by its own as he recovers
b) Never attend that patient
c) Try to re-establish the therapeutic communication and relationship with patient and inform the manager for support
d) Inform police

114. One of your young patient displayed an overt sexual behaviour directly to you. How will you best respond to this?

a) Talk to the patient about the situation, to re- establish and maintain professional boundaries and relationship
b) ignore the behaviour as this is part of the development process
c) report the patient to their relatives
d) inform line manager of the incident

115. A nurse from Medical-surgical unit asked to work on the orthopedic unit. The medical-surgical nurse has no orthopedic nursing experience. Which client should be assigned to the medical-surgical nurse?

a) A client with a cast for a fractured femur & who has numbness & discoloration of the toes
b) A client with balanced skeletal traction & who needs assistance with morning care
c) A client who had an above-the-knee amputation yesterday & has a temperature of 101.4F
d) A client who had a total hip replacement 2 days ago & needs blood glucose monitoring

116. An RN from the women's health clinic is temporarily reassigned to a medical-surgical unit. Which of these client assignments would be most appropriate for this nurse?

a) A newly diagnosed client with type 2 diabetes mellitus who is learning foot care
b) A client from a motor vehicle accident with an external fixation device on the leg
c) A client admitted for a barium swallow after a transient ischemic attack
d) A newly admitted client with a diagnosis of pancreatic cancer

117. The nurse suspects that a client is withholding health-related information out of fear of discovery and possible legal problems. The nurse formulates nursing diagnoses for the client carefully, being concerned about a diagnostic error resulting from which of the following?

a) Incomplete data
b) Generalize from experience
c) Identifying with the client
d) Lack of clinical experience

118. A nurse case manager receives a referral to provide case management services for an adolescent mother who was recently diagnosed with HIV. Which statement indicates that the patient understands her illness?

a) “I can never have sex again, so I guess I will always be a single parent.”

b) b) “I will wear gloves when I’m caring for my baby, because I could infect my baby with AIDS.”
c) “My CD4 count is 200 and my T cells are less than 14%. I need to stay at these levels by eating and sleeping well and staying healthy.”
d) “My CD4 count is 800 and my T cells are greater than 14%. I need to stay at these levels by eating and sleeping well and staying healthy.”

119. A young woman who has tested positive for HIV tells her nurse that she has had many sexual partners. She has been on an oral contraceptive & frequently had not requested that her partners use condoms. She denies IV drug use she tells her nurse that she believes that she will die soon. What would be the best response for the nurse to make.

a) “Where there is life there is hope”
b) **“** Would you like to talk to the nurse who works with HIV- positive patient’s ?”
c) “ you are a long way from dying”
d) “ not everyone who is HIV positive will develop AIDS & die”

120. A client express concern regarding the confidentiality of her medical information. The nurse assures the client that the nurse maintains client confidentiality by:

a) Explaining the exact limits of confidentiality in the exchanges between the client and the nurse.
b) Limiting discussion about clients to the group room and hallways.
c) Summarizing the information, the client provides during assessments and documenting this summary in the chart.
d) Sharing the information with all members of the healthcare team

121. The nurse can divulge patient's information, only when:

a) it can pose as a threat to the public and when it is ordered by the court
b) requested by family members
c) asked by media personnel for broadcast and publication
d) required by employer

122. You noticed medical equipment not working while you joined a new team and the team members are not using it. Your role?

a) during audit raise your concern
b) inform in written to management

c) inform NMC
e) take photograph

123. When developing a program offering for patients who are newly diagnosed with diabetes, a nurse case manager demonstrates an understanding of learning styles by:

a) Administering a pre- and post-test assessment.
b) Allowing patient's time to voice their opinions
c) Providing a snack with a low glycaemic index.
d) Utilizing a variety of educational materials.

124. An adult has signed the consent form for a research study but has changed her mind. The nurse tells the patient that she has the right to change her mind based upon which of the following principles.

a) Paternalism & justice
b) Autonomy & informed consent
c) Beneficence & double effect
d) Competence & right to know

125. A famous actress has had plastic surgery. The media contacts the nurse on the unit and asks for information about the surgery. The nurse knows:

a) Any information released will bring publicity to the hospital
b) Nurse are obligated to respect client's privacy and confidentiality
c) It does not matter what is disclosed, the media will find out any way
d) According to beneficence, the nurse has an obligation to implement actions that will benefit clients.

126. When will you disclose the identity of a patient under your care?

a) You can disclose it anytime you want
b) When a patient relative wishes to
c) When media demands for it
d) Justified by public interest law and order

127. Today many individuals are seeking answers for acute and chronic health problems through non-traditional approaches to health care. What are two popular choices being selected by health consumers?

a) Mind awareness techniques and meditation practice
b) Stress management and biofeedback programs
c) Support groups and alternative medicine
d) Telehealth and the internet

128. Which of the following actions jeopardise the professional boundaries between patient and nurse

a) Focusing on social relationship outside working environment
b) Focusing on needs of patient related to illness
c) Focusing on withholding value opinions related to the decisions

129. One of the main responsibilities of an employer should be:

a) provide a safe place for the employees
b) provide entertainment to employees
c) create opportunities for growth
d) create ways to make networks

130. Mrs X informs the nurse that she has lost her job due to excessive absences related to her wound. (2 correct answers) The nurse should:

a. Encourage the patient to express her feelings about the job loss
b. Contact social services to assist the patient with accessing available resources
c. Evaluate Mrs X's understanding of her wound management
d. Explain to Mrs X that she can no longer be seen at the clinic without a job

131. Role conflict can occur in any situation in which individuals work together. The predominant reason that role conflict will emerge in collaboration is that people have different

a) Levels of education and preparation
b) Expectations about a particular role; interpersonal conflict will emerge
c) Levels of experience and exposure of working in interdisciplinary teams

d) Values, beliefs, and work experiences that influences their ability to collaborate.

132. How to give respect & dignity to the client?

a) Compassion, support & reassurance to the client
b) Communicate effectively with them
c) Behaving in a professional manner
d) Giving advice on health care issues

133. A patient with antisocial personality disorder enters the private meeting room of a nursing unit as a nurse is meeting with a different patient. Which of the following statements by the nurse is BEST?

a) Please leave and I will speak with you when I am done."
b) I need you to leave us alone."
c) You may sit with us as long as you are quiet."
d) I'm sorry, but HIPPA says that you can't be here. Do you mind leaving?"

134. A client on your medical surgical unit has a cousin who is physician & wants to see the chart. Which of the following is the best response for the nurse to take

a) Ask the client to sign an authorization & have someone review the chart with cousin
b) Hand the cousin the client chart to review
c) Call the attending physician & have the doctor speak with the cousin
d) Tell the cousin that the request cannot be granted

135. As an RN in charge you are worried about a nurse's act of being very active on social media site, that it affects the professionalism. Which one of these is the worst advice you can give her?

a) Do not reveal your profession of being a Nurse on social site
b) Do not post any pictures of client's even if they have given you permission
c) Do not involve in any conversions with client's or their relatives through a social site
d) Keep your profile private

136. Compassion in Practice – the culture of compassionate care encompasses:

a) Care, Compassion, Competence, Communication, Courage, Commitment - DoH–“Compassion in Practice”
b) Care, Compassion, Competence
c) Competence, Communication, Courage
d) Care, Courage, Commitment

137. You walk onto one of the bay on your ward and noticed a colleague wrongly using a hoist in transferring their patient. As a nurse you will:

a) let them continue with their work as you are not in charge of that bay
b) report the event to the unit manager
c) call the manual handling specialist nurse for training
d) inform the relatives of the mistake

138. You are to take charge of the next shift of nurses. Few minutes before your shift, the in charge of the current shift informed you that two of your nurses will be absent. Since there is a shortage of staff in your shift, what will you do?

a) encourage all the staff who are present to do their best to attend to the needs of the patients
b) ask from your manager if there are qualified staff from the previous shift that can cover the lacking number for your shift while you try to replace new nurses to cover
c) refuse to take charge of the next shift

139. Who will you inform first if there is a shortage in supplies in your shift?

a) Nursing assistant
b) Purchasing personnel
c) Immediate nurse manager
d) Supplier

140. The supervisor reprimands the charge nurse because the nurse has not adhered to the budget. Later the charge nurse accuses the nursing staff of wasting supplies. This is an example of

a) Denial
b) Repression
c) Suppression
d) Displacement

141. A nurse is having trouble with doing care plans. Her team members are already noticing this problem and are worried of the consequences this may bring to the quality of nursing care delivered. The problem is already brought to the attention of the nurse. The nurse should:

a) Accept her weakness and take this challenge as an opportunity to improve her skills by requesting lectures from her manager
b) Ignore the criticism as this is a case of a team issue
c) Continue delivering care as this will not affect the quality of care you are rendering your patient

142. Clinical audit is best described as:

a) a tool to evaluate the effectiveness of interventions, and to know what needs to be improved
b) a tool used to identify the weakest link within the system
c) a standard of which performance is based upon
d) a tool to set a guidelines or protocol in clinical practice

143. You are the nurse on Ward C with 14 patients. Your fellow incoming nurses called in sick and cannot come to work on your shift. What will be your best action on this situation?

a) Review patient intervention, set priorities, ask the supervisor to hand over extra staff
b) continue with your shift and delegate some responsibilities to the nursing assistant
c) fill out an incident form about the staffing condition
d) ask the colleague to look for someone to cover

144. A client requests you that he wants to go home against medical advice, what should you do?

a) Inform the management
b) Inform the local police
c) Call the security guard
d) Allow the client to go home as he won't pose any threat to self or others

145. The nurse is leading an in service about management issues. The nurse would intervene if another nurse made which of the following statements?

a) “It is my responsibility to ensure that the consent form has been signed and attached to the patient’s chart prior to surgery.”

b) “It is my responsibility to witness the signature of the client before surgery is performed.
c) “It is my responsibility to answer questions that the patient may have prior to surgery.”
d) “It is my responsibility to provide a detailed description of the surgery and ask the patient to sign the consent form.”

146. A patient in your care knocks their head on the bedside locker when reaching down to pick up something they have dropped. What do you do?

a) Let the patient’s relatives know so that they don’t make a complaint & write an incident report for yourself so you remember the details in case there are problems in the future
b) Help the patient to a safe comfortable position, commence neurological observations & ask the patient’s doctor to come & review them, checking the injury isn’t serious. when this has taken place , write up what happened & any future care in the nursing notes
c) Discuss the incident with the nurse in charge , & contact your union representative in case you get into trouble
d) Help the patient to a safe comfortable position, take a set of observations & report the incident to the nurse in charge who may call a doctor. Complete an incident form. At an appropriate time, discuss the incident with the patient & if they wish, their relatives

147. The rehabilitation nurse wishes to make the following entry into a client’s plan of care: “Client will re-establish a pattern of daily bowel movements without straining within two months.” The nurse would write this statement under which section of the plan of care?

a) Nursing diagnosis/problem list
b) Nursing order
c) Short-term goals
d) Long term goals

148. A registered nurse identifies a care assistant not washing hands hand before caring an immunocompromised client. Your response?

a) Let her do the procedure. Correct her later
b) Inform to ward in charge
c) Interrupt the procedure, correct her politely, teach her 6 steps of handwashing and make sure she became competent

149. The bystander of a muslim lady wishes that a lady doctor only should check the patient. Best response

a) Just neglect the request
b) Tell her that, only male doctor is available and he is takin care of many female staffs daily

c) Respect the request, if possible arrange the consultation with a female doc
d) Inform police

150. Bystander informs you that the patient is in severe pain. Ur response

a) Tell him that he would come as soon as possible
b) Record in the chart and inform doc and in charge
c) Tell that she would give the next dose of analgesic when it's time
d) Go instantly to the patient and assess the condition

151. The nurse restraints a client in a locked room for 3 hours until the client acknowledges who started a fight in the group room last evening. The nurse's behaviour constitutes:

a) False imprisonment
b) Duty of care
c) Standard of care practice
d) Contract of care

152. What are the characteristics of effective collaboration?

a) Common purpose and goals
b) Clinical competence of each provider
c) Humor, trust, and valuing diverse, complementary knowledge
d) All of the above

153. A client has been voluntarily admitted to the hospital. The nurse knows that which of the following statements is inconsistent with this type of hospitalization?

a) The client retains all of his or her rights
b) the client has a right to leave if not a danger to self or others
c) the client can sign a written request for discharge
d) The client cannot be released without medical advice

154. If you were explaining anxiety to a patient, what would be the main points to include?

a) Signs of anxiety include behaviours such as muscle tension. palpitations, a dry mouth, fast shallow breathing, dizziness & an increased need to urinate or defaecate
b) Anxiety has three aspects: physical – bodily sensations related to flight & fight response, behavioural – such as avoiding the situation, & cognitive (thinking) – such as imagining the worst
c) Anxiety is all in the mind, if they learn to think differently, it will go away
d) Anxiety has three aspects: physical – such as running away, behavioural – such as imagining the worse (catastrophizing) , & cognitive (thinking) – such as needing to urinate.

155. A 23-year-old-woman comes to the emergency room stating that she had been raped. Which of the following statements BEST describes the nurse's responsibility concerning written consent?

a) The nurse should explain the procedure to the patient and ask her to sign the consent form.
b) The nurse should verify that the consent form has been signed by the patient and that it is attached to her chart.
c) The nurse should tell the physician that the patient agrees to have the examination.
d) The nurse should verify that the patient or a family member has signed the consent form.

156. A 52-year-old man is admitted to a hospital after sustaining a severe head injury in an automobile accident. When the patient dies, the nurse observes the patient's wife comforting other family members. Which of the following interpretations of this behaviour is MOST justifiable?

a) She has already moved through the stages of the grieving process.
b) She is repressing anger related to her husband's death.
c) She is experiencing shock and disbelief related to her husband's death.
d) She is demonstrating resolution of her husband's death.

157. The nurse works on a medical/surgical unit that has a shift with an unusually high number of admissions, discharges, and call bells ringing. A nurse's aide, who looks increasingly flustered and overwhelmed with the workload, finally announces "This is impossible! I quit!" and stomps toward the break room. Which of the following statements, if made by the nurse to the nurse's aide, is BEST?

a) fine, we're better off without you anyway"
b) It seems to me that you feel frustrated. What can I help you with to care for our patients?"
c) I can understand why you're upset, but I'm tired too and I'm not quitting."
d) Why don't you take a dinner break and come back? It will seem more manageable with a normal blood sugar.

158. The nurse cares for a client diagnosed with conversion reaction. The nurse identifies the client is utilizing which of the following defence mechanisms?

a) Introjection
b) Displacement
c) Identification
d) Repression

159. A young woman has suffered fractured pelvis in an accident , she has been hospitalized for 3 days , when she tells her primary nurse that she has something to tell her but she does not want the nurse to tell anyone. she says that she had tried to donate blood & tested positive for HIV. what is best action of the nurse to take?

a) Document this information on the patient's chart
b) Tell the patient's physician
c) Inform the healthcare team who will come in contact with the patient
d) Encourage the patient to disclose this information to her physician

160. The nurse is in the hospitals public cafeteria & hears two nursing assistants talking about the patient in 406. they are using her name & discussing intimate details about her illness which of the following actions are best for the nurse to take?

a) Go over & tell the nursing assistants that their actions are inappropriate especially in a public place
b) Wait & tell the assistants later that they were overheard discussing the patient otherwise they might be embarrassed
c) Tell the nursing assistant's supervisor about the incident. It is the supervisor's responsibility to address the issue
d) Say nothing. it is not the nurses job, he or she is not responsible for the assistant's action

161. One of your patient was pleased with the standard of care you have provided him. As a gesture, he is giving you a £50 voucher to spend. What is your most appropriate action on this situation?

a) Accept the voucher and thank him for this gesture
Refuse the voucher and thank him for this gesture
C. Accept the voucher and give it to ward manager
D. Refuse the voucher and inform the ward manager for his gesture

162. The nurse is functioning as a patient advocate. Which of the following would be the first step the nurse should take when functioning in this role?

a) Ensure that the nursing process is complete and includes active participation by the patient and family
b) Become creative in meeting patient's needs.
c) Empower the patient by providing needed information and support.
d) Help the patient understand the need for preventive health care.

163. The nurse manager of 20 bed coronary care is not on duty when a staff nurse makes serious medication error. The client who received an over dose of the medication nearly dies. Which statement of the nurse manager reflects accountability?

a) The nurse supervisor on duty will call the nurse manager at home and apprise about the problem
b) Because the nurse manager is not on duty therefore she is not accountable to anything which happens on her absence
c) The nurse manager will be informed of the incident when returning to the work on Monday because the nurse manager was officially off duty when the incident took place.
d) Although the nurse manager was on off duty but the nurse supervisor decides to call nurse manager if the time permits the nurse supervisor thinks that the nurse manager has no responsibility of what has happened in manager's absence

164. All individuals providing nursing care must be competent at which of the following procedures?

a) Hand hygiene and aseptic technique
b) Aseptic technique only
c) Hand hygiene, use of protective equipment, and disposal of waste
d) Disposal of waste and use of protective equipment
e) All of the above

165. Clinical bench-marking is:

a) to improve standards in health care
b) a new initiate in health care system
c) A new set of rule for health care professionals
d) To provide a holistic approach to the patient

166. What do you mean by benchmarking tool?

a) an overall patient-focused outcome that expresses what patients and or carers want from care in a particular area of practice
b) it is the way of expressing the need of the patient
c) a continuum between poor and best practice.
d) information on how to use the benchmarks

167. Essence of Care benchmarking is a process of -------?

a) Comparing, sharing and developing practice in order to achieve and sustain best practice.
b) Assess clinical area against best practice
c) Review achievement towards best practice
d) Consultation and patient involvement

168. Wendy, 18 years old, was admitted on Medical Ward because of recurrent urinary tract infection (UTI). She disclosed to you that she had unprotected sex with her boyfriend on some occasions. You are worried this may be a possible cause of the infection. How will best handle the situation?

a) tell her that any information related to her wellbeing will need to be share to the health care team
b) inform her parents about this so she can be advised appropriately
c) keep the information a secret in view of confidentiality
d) report her boyfriend to social services

169. When trying to make a responsible ethical decision, what should the nurse understand as the basis for ethical reasoning?

a) Ethical principles & code
b) The nurse's experience
c) The nurse's emotional feelings
d) The policies & practices of the institution

170. A mentally competent client with end stage liver disease continues to consume alcohol after being informed of the consequences of this action. What action best illustrates the nurse's role as a client advocate?

a) Asking the spouse to take all the alcohol out of the house
b) Accepting the patient's choice & not intervening
c) Reminding the client that the action may be an end-of life decision
d) Refusing to care for the client because of the client's noncompliance

171. when breaking bad news over phone which of the following statement is appropriate

a) I am sorry to tell you that your mother died
b) I am sorry to tell you that your mother has gone to heaven
c) I am sorry to tell you that your mother is no more
d) I am sorry to tell you that your mother passed away

172. A patient with complex, multiple diseases is discharged to a tertiary level care unit what to do?

a) Inform the tertiary unit about patient arrival
b) Call for a multidisciplinary meeting with professional who took care of patient to discuss the patient care modalities that everyone accepts.
c) Inform to patient relatives about the situation

173. clinical practice is based on evidence based practice. Which of the following statements is true about this

a) Clinical practice based on clinical expertise and reasoning with the best knowledge available
b) Provision of computers at every nursing station to search for best evidence while providing care
c) Practice based on ritualistic way
d) Practice based on what nurse thinks is the best for patient
n adult has just returned to the unit from surgery. The nurse transferred him to his bed but did not put up the side rails.

174. The client fell and was injured. What kind of liability does the nurse have?

a) None
b) Negligence
c) Intentional tort
d) Assault & battery

175. A new RN have problems with making assumptions. Which part of the code she should focus to deliver fundamentals of care effectively

a) Prioritise people
b) Practice effective

c) Preserve safety
d) Promote professionalism and trust

176. A patient with learning disability is accompanied by a voluntary independent mental capacity advocate. What is his role?

a) Express patients' needs and wishes. Acts as a patient's representative in expressing their concerns as if they were his own
b) Just to accompany the patient
c) To take decisions on patients behalf and provide their own judgements as this benefit the client
d) Is an expert and represents clients concerns, wishes and views as they cannot express by themselves

177. When you find out that 2 staffs are on leave for next duty shift and its of staff shortage what to do with the situation?

a) Inform the superiors and call for a meeting to solve the issue
b) Contact a private agency to provide staff
c) Close the admission until adequate staffs are on duty.

178. What is Disclosure according to NHS?

a) It is asking action to help people say what they want, secure their rights, represent their interests and obtain the services they need
b) This is the divulging or provision of access to data.
c) It is the response to the suffering of others that motivates a desire to help.
d) It is a set of rules or a promise that limits access or places restrictions on certain types of information.

179. Wound care management plan should be done with what type of wound?

a) Complex wound
b) Infected wound
c) Any type of wound

180. Wound proliferation starts after?

a) 1-5 days
b) 3-24 days
c) 24 days

181. How long does proliferative phase of wound healing occur?

a) 3-24 days
b) 24-26 days
c) 1-7 days
d) 24 hours

182. How long does the 'inflammatory phase' of wound healing typically last?

a) 24 hours
b) Just minutes
c) 1-5 days
d) 3-24 days

183. A new, postsurgical wound is assessed by the nurse and is found to be hot, tender and swollen. How could this wound be best described?

a) In the inflammation phase of healing.
b) In the haemostasis phase of healing.
c) In the reconstructive phase of wound healing.
d) As an infected wound

184. What are the four stages of wound healing in the order they take place?

a) Proliferative phase, inflammation phase, remodelling phase, maturation phase.
b) Haemostasis, inflammation phase, proliferation phase, maturation phase
c) Inflammatory phase, dynamic stage, neutrophil phase, maturation phase.
d) Haemostasis, proliferation phase, inflammation phase, remodelling phase support

185. Breid, 76 years old, developed a pressure ulcer whilst under your care. On assessment, you saw some loss of dermis, with visible redness, but not sloughing off. Her pressure ulcer can be categorised as:

a) moisture lesion
b) 2nd stage partial skin thickness

c) 3rd stage
d) 4th stage

186. What stage of pressure ulcer includes tissue involvement and crater formation? (CHOOSE 2 ANSWERS)

a) stage 1
b) stage 2
c) stage 3
d) stage 4

187. What stage of pressure ulcer includes tissue involvement and crater formation?

a) stage 1
b) stage 2
c) stage 3
d) stage 4

188. A clients wound is draining thick yellow material. The nurse correctly describes the drainage as:

a) Sanguineous
b) Serous sanguineous
c) Serous
d) Purulent

189. What do you expect to assess in a grade 3 pressure ulcer?

a) blistered wound on the skin
b) open wound showing tissue
c) open wound exposing muscles
d) open wound exposing bones

190. A nurse notices a bedsore. It's a shallow wound, red coloured with no pus. Dermis is lost. At what stage this bedsore is?

a) Stage1- non blanchable erythema
b) Stage2- Partial thickness skin lose
c) Stage3- full thickness skin loss

d) Stage4- full thickness tissue lose

191. A patient developed pressure ulcer. The wound is round, extends to the dermis, is shallow, there is visible reddish to pinkish tissue. What stage is the pressure ulcer?

a) Stage 1
b) Stage 2
c) Stage 3
d) Stage 4

192. A client is admitted to the Emergency Department after a motorcycle accident that resulted in the client's skidding across a cement parking lot. Since the client was wearing shorts, there are large areas on the legs where the skin is ripped off. The wound is best described as:

a) Abrasion
b) Unapproxiamted
c) Laceration
d) Eschar

193. Joshua, son of Breid went to the station to see the nurse as she was complaining of severe pain on her pressure ulcer. What will be your initial action?

a) Check analgesia on the chart
b) Tell you will come as soon as you can
c) Find the nurse in charge
d) Go immediately to see the patient

194. When would it be beneficial to use a wound care plan?

a) on initial assessment of wound
b) during pre-assessment admission
c) after surgery
d) during wound infection, dehiscence or evisceration
e) When would it be beneficial to use a wound care plan?

195. Which of the following methods of wound closure is most suitable for a good cosmetic result following surgery?

a) Skin clips
b) Tissue adhesive
c) Adhesive skin closure strips
d) Interrupted suture

196. What functions should a dressing fulfil for effective wound healing?

a) High humidity, insulation, gaseous exchange, absorbent.
b) Anaerobic, impermeable, conformable, low humidity.
c) Insulation, low humidity, sterile, high adherence.
d) Absorbent, low adherence, anaerobic, high humidity.

197. Appropriate wound dressing criteria includes all but one:

a) Allows gaseous exchange.
b) Maintains optimum temperature and pH in the wound.
c) Forms an effective barrier to
d) Allows removal of the dressing without pain or skin stripping.
e) Is non-absorbent

198. Proper Dressing for wound care should be? (Select x 3 correct answers)

a) High humidity
b) Low humidity
c) Non Permeable/ Conformable
d) Absorbent / Provide thermal insulation

199. Which of the following conditions can be observed in a proper wound dressing:

a) absorbent, humid, aerated
b) non absorbent, humid, aerated
c) non humid, absorbent, aerated

d) non humid, non absorbent, aerated

200. Proper Dressing for wound care should be?

a) High humidity
b) Low humidity
c) Non Permeable
d) Conformable
e) Adherent
f) Absorbent
g) Provide thermal insulation

201. You notice an area of redness on the buttock of an elderly patient and suspect they may be at risk of developing a pressure ulcer. Which of the following would be the most appropriate to apply?

a) Negative pressure dressing
b) Rapid capillary dressing
c) Alginate dressing
d) Skin barrier product

202. Which solution use minimum tissue damage while providing wound care?

a) Hydrogen peroxide
b) Povidine iodine
c) Saline
d) Gention violet

203. Which are not the benefits of using negative pressure wound therapy?

a) Can reduce wound odour
b) Increases local blood flow in peri-wound area
c) Can be used on untreated osteomyelitis
d) Can reduce use of dressings

204. Which one of the following types of wound is NOT suitable for negative pressure wound therapy?

a) Partial thickness burns
b) Contaminated wounds
c) Diabetic and neuropathic ulcers
d) Traumatic wounds

205. How do you remove a negative pressure dressing?

a) Remove pressure then detach dressing gently
b) Get TVN nurse to remove dressing
c) remove in a quick fashion

206. How would you care for a patient with a necrotic wound?

a) Systemic antibiotic therapy and apply a dry dressing
b) Debride and apply a hydrogel dressing.
c) Debride and apply an antimicrobial dressing.
d) Apply a negative pressure dressing.

207. The nurse cares for a patient with a wound in the late regeneration phase of tissue repair. The wound may be protected by applying a:

a) Transparent film
b) Hydrogel dressing
c) Collagenases dressing
d) Wet dry dressing

208. Black wounds are treated with debridement. Which type of debridement is most selective and least damaging?

a) Debridement with scissors
b) Debridement with wet to dry dressings
c) Mechanical debridement

d) Chemical debridement

209. If an elderly immobile patient had a "grade 3 pressure sore", what would be your management?

a) Film dressing, mobilization, positioning, nutritional support
b) Foam dressing, pressure relieving mattress, nutritional support
c) Dry dressing, pressure relieving mattress, mobilization
d) Hydrocolloid dressing, pressure relieving mattress, nutritional support

210. A client has a diabetic stasis ulcer on the lower leg. The nurse uses a hydrocolloid dressing to cover it. The procedure for application includes:

a) Cleaning the skin and wound with betadine
b) Removing all traces of residues for the old dressing
c) Choosing a dressing no more than quarter-inch larger than the wound size
d) Holding it in place for a minute to allow it to adhere

211. The client at greatest risk for postoperative wound infection is:

a) A 3 month old infant postoperative from pyloric stenosis repair
b) A 78 year old postoperative from inguinal hernia repair
c) A 18 year old drug user postoperative from removal of a bullet in the leg
d) A 32 year old diabetic postoperative from an appendectomy

212. Mr Connor's neck wound needed some cleaning to prevent complications. Which of the following concept will you apply when doing a surgical wound cleaning?

a) surgical asepsis
b) aseptic non-touch technique
c) medical asepsis
d) dip-tip technique

213. When doing your shift assessment, one of your patient has a waterflow score of 20. Which of the following mattress is appropriate for this score?

a) water bed
b) fluidized airbed
c) low air loss
d) alternating pressure

214. Waterlow score of 20 indicates what type of mattress to use? (Select x 2)

a) Standard-specification foam mattresses
b) High-specification foam mattresses
c) Dynamic support surface

215. For a client with Water Score >20 which mattress is the most suitable

a) Water Mattress
b) Air Mattress
c) Dynamic Mattress
d) Foam Mattress

216. A patient has been confined in bed for months now and has developed pressure ulcers in the buttocks area. When you checked the waterlow it is at level 20. Which type of bed is best suited for this patient?

a) water mattress
b) Egg crater mattress
c) air mattresses
d) Dynamic mattress

217. You have just finished dressing a leg ulcer. You observe patient is depressed and withdrawn. You ask the patient whether everything is okay. She says yes. What is your next action?

a) Say " I observe you don't seem as usual. Are you sure you are okay?"
b) Say "Cheer up , Shall I make a cup of tea for you?"
c) Accept her answer & leave. attend to other patients
d) Inform the doctor about the change of the behaviour.

218. External factors which increase the risk of pressure damage are:

e) Equipment, age and pressure
f) Moisture, pressure and diabetes
g) Pressure, shear and friction
h) Pressure, moisture and age

219. Mr Smith has been diagnosed with Multiple Sclerosis 20 years ago. Due to impaired mobility, he has developed a Grade 4 pressure sore on his sacrum. Which health professional can provide you prescriptions for his dressing?

a. Dietician
b. Tissue Viability Nurse
c. Social Worker
d. Physiotherapist

220. Sharp debridement may cause trauma to underlying structures, the procedure should only be carried out by:

a) A health care assistant on working full time
b) A qualified nurse with at least 3 years experience
c) A doctor of any type of speciality
d) A qualified healthcare professional with appropriate training

221. Mrs Smith developed an MRSA bacteremia from her abdominal wound and her son is blaming the staff. It has been highlighted during your ward clinical governance meeting because it has been reported as a serious incident (SI). SI is best described as:

a) any incident or occurrence that has the potential to cause harm and/or has caused harm to a person or persons
b) a consequence of an intervention, relating to a piece of equipment and/or as a consequence of the working environment
c) Incident requiring investigation that occurred in relation to NHS funded services and care resulting in; unexpected or avoidable death, permanent harm
d) All

222. How much urine should someone void an hour?

a) 0.5 – 1ml/Kg/hr of the patient's body weight
b) 2mls/KG/hr of the patient's body weight
c) 30mls
d) 50mls

223. Patient usually urinates at night Nurse identifies this as:

A) Polyuria
B) Oliguria
C) Nocturia

224. Wendy, 18 years old, was admitted on Medical Ward because of recurrent urinary tract infection (UTI). She disclosed to you that she had unprotected sex with her boyfriend on some occasions. You are worried this may be a possible cause of the infection. How will best handle the situation?

A) tell her that any information related to her well being will need to be share to the health care team
B) inform her parents about this so she can be advised appropriately
C) keep the information a secret in view of confidentiality
D) report her boyfriend to social services

225. What are the steps for the proper urine collection?

a) Clean meatus with soap and water
b) Catch midstream
c) Dispatch sample to laboratory immediately (within 6 hours)
d) Ask the patient to void her remaining urine into the toilet or bedpan.

a) A, B, & C
b) B, C, & D
c) A, B, & D
d) A, C, & D

226. On removing your patient's catheter, what should you encourage your patient to do ?

a) Rest & drink 2-3 litres of fluid per day

b) Rest & drink in excess of 5 litres of fluid per day
c) Exercise & drink 2-3 litres of fluid per day
d) Exercise & drink their normal amount of fluid intake

227. When should a penile sheath be considered as a means of managing incontinence?

a) When other methods of continence management have failed
b) Following the removal of a catheter
c) When the patient has a small or retracted penis
d) When a patient requests it

228. What is the most important guiding principle when choosing the correct size of catheter?

a) The biggest size tolerable
b) The smallest size necessary
c) The potential length of use of the catheter
d) The build of the patient

229. When carrying out a catheterization, on which patients would you use anaesthetic lubricating gel prior to catheter insertion?

a) Male patients to aid passage, as the catheter is longer
b) Female patients as there is an absence of lubricating glands in the female urethra, unlike the male urethra
c) Male & female patients require anaesthetic lubricating gel
d) The use of anaesthetic lubricating gel is not advised due to potential adverse reactions

230. What are the principles of positioning a urine drainage bag?

a) Above the level of the bladder to improve visibility & access for the health professional
b) Above the level of the bladder to avoid contact with the floor
c) Below the level of the patient's bladder to reduce backflow of urine
d) Where the patient finds it most comfortable

231. What would make you suspect that a patient in your care had a urinary tack infection?

a) The patient has spiked a temperature, has a raised white cell count (WCC), has new-onset confusion & the urine in the catheter bag is cloudy
b) The doctor has requested a midstream urine specimen
c) The patient has a urinary catheter in situ & the patient's wife states that he seems more forgetful than usual
d) The patient has complained of frequency of faecal elimination & hasn't been drinking enough

232. A client with frequent urinary tract infections asks the nurse how she can prevent the reoccurrence. The nurse should teach the client to:

b) Douche after intercourse
a) Void every three hours
b) Obtain a urinalysis monthly
c) Wipe from back to front after voiding

233. A patient is prescribed methformin 1 000mg twice a day for his diabetes. While taking with the patient he states "I never eat breakfast so I take ½ tablet at lunch and a whole tablet at supper because I don't want my blood sugar to drop." As his primary care nurse you:

a) Tell him he has made a good decision and to continue
b) Tell him to take a whole tablet with lunch and with supper
c) Tell him to skip the morning dose and just take the dose at supper
d) Tell him to take one tablet in the morning and one tablet in the evening as ordered.

234. The nurse is caring for a diabetic patient and when making rounds, notices that the patient is trembling and stating they are dizzy. The next action by the nurse would be:

a) Administer patient's scheduled Metformin
b) Give the patient a glass of orange juice
c) Check the patient's blood glucose
d) Call the doctor

235. Common signs and symptoms of a hypoglycaemia <u>exclude:</u>

a) Feeling hungry

b) Sweating
c) Anxiety or irritability
d) Blurred vision
e) Ketoacidosis

236. Hypoglycaemia in patients with diabetes is more likely to occur when the patients take: (Select x 3 correct answers)

a) Insulin
b) Sulphonylureas
c) Prandial glucose regulators
d) Metformin

237. What are the contraindications for the use of the blood glucose meter for blood glucose monitoring?

a) The patient has a needle phobia and prefers to have a urinalysis.
b) If the patient is in a critical care setting, staff will send venous samples to the laboratory for verification of blood glucose level.
c) If the machine hasn't been calibrated
d) If peripheral circulation is impaired, collection of capillary blood is not advised as the results might not be a true reflection of the physiological blood glucose level.

238. What would you do if a patient with diabetes and peripheral neuropathy requires assistance cutting his toe nails?

a) Document clearly the reason for not cutting his toe nails and refer him to a chiropodist.
b) Document clearly the reason for not cutting his nails and ask the ward sister to do it.
c) Have a go and if you run into trouble, stop and refer to the chiropodist.
d) Speak to the patient's GP to ask for referral to the chiropodist, but make a start while the patient is in hospital.

239. For an average person from UK who has non-insulin dependent diabetes, how many servings of fruits and vegetables per day should they take?

a) 1 serving
b) 3 servings
c) 5 servings
d) 7 servings

240. Common causes for hyperglycaemia include: (select 4)

a) Not eating enough protein
b) Eating too much carbohydrate
c) Over-treating a hypoglycaemia
d) Stress
e) Infection (for example, colds, bronchitis, flu, vomiting, diarrhoea, urinary infections, and skin infections)

241. Most of the symptoms are common in both type1 and type 2 diabetes. Which of the following symptom is more common in typ1 than type2?

a) Thirst
b) Weight loss
c) Poly urea
d) Ketones

242. Alone, metformin does not cause hypoglycaemia (low blood sugar). However, in rare cases, you may develop hypoglycaemia if you combine metformin with:

a) a poor diet
b) strenuous exercise
c) excessive alcohol intake
d) other diabetes medications
e) all of the above

243. The nurse is caring for a diabetic patient and when making rounds, notices that the patient is trembling and stating they are dizzy. The next action by the nurse would be:

a) Administer patient's scheduled Metformin
b) Give the patient a glass of orange juice
c) Check the patient's blood glucose
d) Call the doctor

244. When developing a program offering for patients who are newly diagnosed with diabetes, a nurse case manager demonstrates an understanding of learning styles by:

a) Administering a pre- and post-test assessment.
b) Allowing patient's time to voice their opinions.
c) Providing a snack with a low glycaemic index.
d) Utilizing a variety of educational materials.

245. Mr Cross informed you of how upset he was when you commented on his diabetic foot during your regular home visit. He is considering to see another tissue viability nurse. How will you best respond to him?

A. Apologise for the comments made
B. Tell him of his overreaction
C. Explain that his condition will make him over-sensitive to a lot of things
D. Apologise and tell him to deal with the event lightly

246. Which of the following indicates the patient needs more education when doing capillary sampling to check for blood sugar?

a) Prick tip of index finger
b) Prick sides of a finger
c) Rotates sites of fingers

247. The client with a history of diabetes insipidus is admitted with polyuria, polydipsia, and mental confusion. The priority intervention for this client is:

A. Measure the urinary output.
B. Check the vital signs.
C. Encourage increased fluid intake.
D. Weigh the client.

248. You are preparing to consider a Tuberculin (Mantoux) skin test to a client suspected of having TB. The nurse knows that the test will reveal which of the following?

A) How long the client has been infected with TB
B) Active TB infection

C) Latent TB infection
D) Whether the client has been infected with TB bacteria

249. How do we handle a specimen container labelled with a yellow hazard sticker?

a) Wear gloves and apron, mark it high risk and send the specimen to the laboratory with your other specimens
b) Wear gloves and apron, mark it high risk and send the specimen to the laboratory with your other specimens
c) Wear gloves and apron, inform the infection control team and complete a datix form
d) Wear gloves and apron, place specimen in a blue bag & complete a datix form

250. When collecting an MSU from a male patient, what should they do prior to the specimen being collected?

a) Clean the meatus and catch a specimen from the last of the urine voided
b) Clean the meatus and catch a specimen from the first stream of urine (approx. 30mls)
c) Clean the meatus and catch a specimen of the urine midstream
d) Ask the patient to void into a bottle and pour urine specimen into the specimen container.

251. How do you ensure the correct blood to culture ratio when obtaining a blood culture specimen from an adult patient?

a) Collect at least 10 mL of blood
b) Collect at least 5 mL of blood.
c) Collect blood until the specimen bottle stops filling.
d) Collect as much blood as the vein will give you

252. If blood is being taken for other tests, and a patient requires collection of blood cultures, which should come first to reduce the risk of contamination?

a) Inoculate the aerobic culture first
b) Take the other blood tests first.
c) Inoculate the anaerobic culture first.
d) The order does not matter as long as the bottles are clean

253. Which of the following techniques is advisable when obtaining a urine specimen in order to minimize the contamination of a specimen?

a) Clean around the urethral meatus prior to sample collection and get a midstream/clean catch urine specimen.
b) Clean around the urethral meatus prior to sample collection and collect the first portion of urine as this is where the most bacteria will be.
c) Do not clean the urethral meatus as we want these bacteria to analyse as well.
d) Dip the urinalysis strip into the urine in a bedpan mixed with stool

254. When dealing with a patient who has a biohazard specimen, how will you ensure proper disposal? Select which does not apply:

a) the specimen must be labelled with a biohazard
b) the specimen must be labelled with danger of infection
c) it must be in a double self-sealing bag
d) it must be transported to the laboratory in a secure box with a fastenable lid

255. What action would you take if a specimen had a biohazard sticker on it?

a) Double bag it, in a self-sealing bag, and wear gloves if handling the specimen.
b) Wear gloves if handling the specimen, ring ahead and tell the laboratory the sample is on its way.
c) Wear goggles and underfill the sample bottle.
d) Wear appropriate PPE and overfill the bottle.

256. How do we handle a specimen container labelled with a yellow hazard sticker?

a) Wear gloves and apron and inform the laboratory that you are sending the specimen.
b) Wear gloves and apron, mark it high risk and send the specimen to the laboratory with your other specimens
c) Wear gloves and apron, Inform the infection control team and complete a datix form.
d) Wear gloves and apron, place specimen in a blue bag & complete a datix form.

257. You are caring for a patient who is known to have dementia. What particular issues should you consider prior to discharge.

a) You involve in his care: Independent Mental Capacity Advocacy Service (Mental Capacity Act 2005)
b) You involve other support services in his discharge: The hospital discharge team, social services, the metal health team

258. Which of the following is a guiding principle for the nurse in distinguishing mental disorders from the expected changes associated with aging

a) A competent clinician can readily distinguish mental disorders from the expected changes associated with aging
b) Older people are believed to be more prone to mental illness than young people
c) The clinical presentation of mental illness in older adults differs form that in other age groups
d) When physical deterioration becomes a significant feature of an elder's life, the risk of comorbid psychiatric illness arises.

259. A normal sign of aging in the renal system is

a) Intermittent incontinence
b) Concentrated urine
c) Microscopic hematuria
d) A decreased glomerular filtration rate

260. A 76 year old man who is a resident in an extended care facility is in the late stages of Alzheimer's disease. He tells his nurse that he has sore back muscles from all the construction work he has been doing all day. Which response by the nurse is most appropriate?

a) " you know you don't work in construction anymore"
b) "What type of motion did you do to precipitate this soreness?"
c) "You're 76 years old & you've been here all day. You don't work in construction anymore."
d) "Would you like me to rub your back for you?"

261. How should be the surrounding area of a patient with dementia?

A) Increased stimuli
B) Creative environment
C) Restrict activities

262. An 86 year old male with senile dementia has been physically abused & neglected for the past two years by his live in caregiver. He has since moved & is living with his son & daughter-in-law. Which response by the client's son would cause the nurse great concern?

a) “How can we obtain reliable help to assist us in taking care of Dad? We can’t do it alone.”
b) “Dad used to beat us kids all the time. I wonder if he remembered that when it happened to him?”
c) “I’m not sure how to deal with Dad’s constant repetition of words.”
d) “I plan to ask my sister & brother to help my wife & me with Dad on the weekends.”

263. Knowing the difference between normal age- related changes & pathologic findings, which finding should the nurse identify as pathologic in a 74 year old patient?

a) Increase in residual lung volume
b) Decrease in sphincter control of the bladder
c) Increase in diastolic BP
d) Decreased response to touch, heat & pain.

264. Which of the following is a behavioural risk factor when assessing the potential risks of falling in an older person?

a) Poor nutrition/fluid intake
b) Poor heating
c) Foot problems
d) Fear of falling

265. What medications would most likely increase the risk for fall?

a) Loop diuretic
b) Hypnotics
c) Betablockers
d) Nsaid

266. Among the following drugs, which <u>does not</u> cause falls in an elderly?

A. Diuretics
B. NSAIDS
C. Beta blockers
D. Hypnotics

267. Mr Bond, 72 years old, complains of difficulty of chewing his food. He normally wears upper dentures daily. On assessment, you noticed some signs of gingivitis. Which of the following signs will you expect?

a) redness of soft palate and tissues surrounding the teeth
b) haemo-serous discharges around the gums
c) loosening of teeth
d) presence of pockets deep in the gums

268. Mr Bond also shared with you that his gums also bleed during brushing. Which of the following statement will best explain this?

a) lack of vitamin C in his diet
b) he is brushing too hard
c) he is not using proper toothbrush to remove the plaque
d) he is flossing wrongly

269. What are the principles of communicating with a patient with delirium?

a) Use short statements and closed questions in a well lit, quiet, familiar environment.
b) Use short statements and open questions in a well lit, quiet, familiar environment
c) Write down all questions for the patient to refer back to.
d) Communicate only through the family using short statements and closed questions.

270. Why is pyrexia not evident in the elderly?

a) Due to lesser body fat
b) Due to immature T cells
c) Due to aged hypothalamus
d) Due to biologic changes

271. Which of the following is a sign of dehydration in the elderly?

a) diminished skin turgor
b) hypertension
c) anxiety attacks

d) pyrexia

272. In a community hospital, an elderly man approaches you and tells you that his neighbour has been stealing his money, saying "sometimes I give him money to buy groceries but he didn't buy groceries and he kept the money" what is your best course of action for this?

a) Raise a safeguarding alert
b) Just listen but don't do anything
c) Ignore the old man, he is just having delusions
d) Refer the old man to the community clergy who is giving him spiritual support

273. Which is not an appropriate way to care for patients with Dementia/Alzheimer's?

a) Ensure people with dementia are excluded from services because of their diagnosis, age, or any learning disability.
b) Encourage the use of advocacy services and voluntary support
c) Allow people with dementia to convey information in confidence.
d) Identify and wherever possible accommodate preferences (such as diet, sexuality and religion).

274. Barbara, an elderly patient with dementia, wishes to go out of the hospital. What will be you appropriate action?

a) Call the police, make sure she does not leave
b) Encourage the patient to stay for his well being
c) Inform the police to arrest the patient
d) Allow her to leave, she is stable and not at risk of anything

275. Conditions producing orthostatic hypotension in the elderly:

A) Aortic stenosis
B) Arrhythmias
C) Diabetes
D) Pernicious anaemia
E) Advanced heart failure
F) All of the above

276. An 83-year old lady just lost her husband. Her brother visited the lady in her house. He observed that the lady is acting okay but it is obvious that she is depressed. 3weeks after the husband's death, the lady called her brother crying and was saying that her husband just died. She even said, "I cant even remember him saying he was sick." When the brother visited the lady, she was observed to be well physically but was irritable and claims to have frequent urination at night and she verbalizes that she can see lots of rats in their kitchen. Based on the manifestations, as a nurse, what will you consider as a diagnosis to this patient?

A) urinary tract infection leading to delirium
B) delayed grieving with dementia

277. Angel, 52 years old lose her husband due to some disease. 4 weeks later, she calls her mother and says that, yesterday my husband died…I didn't know that he was sick…I cant sleep and I see rats and mites in the kitchen. What is angel's condition?

a) She cant adjust without her husband
b) Late grievance with signs of dementia
c) Alzheimers with delirium

278. Why are elderly prone to postural hypotension? Select which <u>does not</u> apply:

a) The baroreflex mechanisms which control heart rate and vascular resistance decline with age.
B. Because of medications and conditions that cause hypovolaemia.
C. Because of less exercise or activities.
D. Because of a number of underlying problems with BP control.

279. Why should healthcare professionals take extra care when washing and drying an elderly patients skin?

a) As the older generation deserve more respect and tender loving care (TLC).
b) As the skin of an elder person has reduced blood supply, is thinner, less elastic and has less natural oil. This means the skin is less resistant to shearing forces and wound healing can be delayed.
c) All elderly people lose dexterity and struggle to wash effectively so they need support with personal hygiene.
d) As elderly people cannot reach all areas of their body, it is essential to ensure all body areas are washed well so that the colonization of Gram-positive and negative micro-organisms on the skin is avoided.

280. Why is pyrexia not always evident in the elderly?

a) Due to immature T cells
b) Due to mature T cells
c) Due to immature D cells
d) Due to mature D cells

281. Why constipation occurs in old age?

a) Anorexia and weight loss
b) Decreased muscle tone and periatalsis
c) Increased mobility
d) Increased absorption in colon

282. You are looking after an emaciated 80-year old man who has been admitted to your ward with acute exacerbation of chronic obstructive airways disease (COPD). He is currently so short of breath that it is difficult for him to mobilize. What are some of the actions you take to prevent him developing a pressure ulcer?

a) He will be at high risk of developing a pressure ulcer so place him on a pressure relieving mattress
b) Assess his risk of developing a pressure ulcer with a risk assessment tool. If indicated, procure an appropriate pressure –relieving mattress for his bed & cushion for his chair. Reassess the patient's pressure areas at least twice a day & keep them clean & dry. Review his fluid & nutritional intake & support him to make changes as indicated.
c) Assess his risk of developing a pressure ulcer with a risk assessment tool & reassess every week. Reduce his fluid intake to avoid him becoming incontinent & the pressure areas becoming damp with urine
d) He is at high risk of developing a pressure ulcer because of his recent acute illness, poor nutritional intake & reduced mobility. By giving him his prescribed antibiotic therapy, referring him to the dietician & physiotherapist, the risk will be reduced.

283. You are looking after a 76-year old woman who has had a number of recent falls at home. What would you do to try & ensure her safety whilst she is in hospital?

a) Refer her to the physiotherapist & provide her with lots of reassurance as she has lost a lot of confidence recently
b) Make sure that the bed area is free of clutter. Place the patient in a bed near the nurse's station so that you can keep an eye on her. Put her on an hourly toileting chart. obtain lying & standing blood pressures as postural hypotension may be contributing to her falls
c) Make sure that the bed area is free of clutter & that the patient can reach everything she needs, including the call bell. Check regularly to see if the patient needs assistance mobilizing to the toilet. ensure that she has properly fitting slippers & appropriate walking aids

d) Refer her to the community falls team who will asses her when she gets home

284. You are looking after a 75 year old woman who had an abdominal hysterectomy 2 days ago. What would you do reduce the risk of her developing a deep vein thrombosis (DVT)?

a) Give regular analgesia to ensure she has adequate pain relief so she can mobilize as soon as possible. Advise her not to cross her legs
b) Make sure that she is fitted with properly fitting antiembolic stockings & that are removed daily
c) Ensure that she is wearing antiembolic stockings & that she is prescribed prophylactic anticoagulation & is doing hourly limb exercises
d) Give adequate analgesia so she can mobilize to the chair with assistance, give subcutaneous low molecular weight heparin as prescribed. Make sure that she is wearing antiembolic stockings

285. Fiona a 70 year old has recently been diagnosed with type 2 diabetes. You have EC devised a care plan to meet her nutritional needs. However, you have noted that she ahs poor fitting dentures. Which of the following is the least likely risk to the service user?

a) Malnutrition
b) Hyperglycemia
c) Dehydration
d) Hypoglycaemia

286. What is the most common cause of hypotention in elderly?

a) Decreased response in adrenaline & noradrenaline
b) Atheroma changes in vessel walls
c) hyperglycaemia
d) Age

287. What is an intermediate care home?

a) It is the day-to-day health care given by a health care provider.
b) It includes a range of short-term treatment or rehabilitative services designed to promote independence.
c) It is a system of integrated care.
d) It is a means of organising work, that is patient allocation.

288. What is not included in the care package in a nursing home?

a) Laundry
b) Food
c) Nursing Care
d) Social Activities

289. The nurse cares for an elderly patient with moderate hearing loss. The nurse should teach the patient's family to use which of the following approaches when speaking to the patient?

a) Raise your voice until the patient is able to hear you.
b) Face the patient and speak quickly using a high voice.
c) Face the patient and speak slowly using a slightly lowered voice.
d) Use facial expressions and speak as you would formally

290. Your nurse manager approaches you in a tertiary level old age home where complex cases are admitted, and she tells you that today everyone should adopt task - oriented nursing to finish the tasks by 10 am what's your best action

a) Discuss with the manager that task oriented nursing may ruin the holistic care that we provide here in this tertiary level.
b) Ask the manager to re-consider the time bound, make sure that all staffs are informed about task oriented nursing care

291. A patient with dementia is mourning and pulling the dress during night what do you understand from this?

a) Patient is incontinent
b) Patient is having pain
c) Patient has medication toxicity.

292. An elderly client with dementia is cared by hes daughter. The daughter locks him in a room to keep him safe when she goes out to work and not considering any other options. As a nurse what is your action?

a) Explain this is a restrain. Urgently call for a safe guarding and arrange a multi-disciplinary team conference
b) Do nothing as this is the best way of keeping him safe

c) Call police, social services to remove client immediately and refer to safeguarding
d) Explain this is a restrain and discuss other possible options

293. In a community setting, an elderly patient reported to you that he gives shopping money to his neighbours but failed to bring groceries on frequent occasions. What is your best response on this situation?

a) Confront the neighbour
b) Ignore, maybe he is very old and does not think clearly
c) Fill up a raising a concern/ safeguarding form, and escalate
d) ask patient to report neighbour to police

294. Which of the following displays the proper use of Zimmer frame?

a) using a 1 point gait
b) using a 2 point gait
c) using a 3 point gait
d) using a 4 point gait

295. The client advanced his left crutch first followed by the right foot, then the right crutch followed by the left foot. What type of gait is the client using?

A) Swing to gait
B) Three point gait
C) Four point gait
D) Swing through gait

296. Nurse is teaching patient about crutch walking which is incorrect?

a) Take long strides
b) Take small strides
c) Instruct to put weight on hands

297. After instructing the client on crutch walking technique, the nurse should evaluate the client's understanding by using which of the following methods?

a) Have client explain produce to the family
b) Achievement of 90 on written test
c) Explanation
d) Return demonstration

298. A nurse is caring for a patient with canes. After providing instruction on proper cane use, the patient is asked to repeat the instructions given. Which of the following patient statement needs further instruction?

a) 'The hand opposite to the affected extremity holds the cane to widen the base of support & to reduce stress on the affected limb.'
b) as the cane is advanced, the affected leg is also moved forward at the same time'
c) 'when the unaffected extremity begins the swing phase, the client should bear down on the cane'
d) To go up the stairs, place the cane & affected extremity down on the step. Then step down the unaffected extremity'

299. Nurses assume responsibility on patient with cane. Which of the following is the nurse's topmost priority in caring for a patient with cane?

a) Mobility
b) Safety
c) Nutrition
d) Rest periods

300. To promote stability for a patient using walkers, the nurse should instruct the patient to place his hands at:

a) The sides of the walker
b) The hips
c) The hand grips
d) The tips

301. A client is ambulating with a walker. The nurse corrects the walking pattern of the patient if he does which of the following?

a) The patient walks first & then lifts the walker
b) The walker is held on the hand grips for stability
c) The patient's body weight is supported by the hands when advancing his weaker leg.
d) All of these

302. The nurse should adjust the walker at which level to promote safety & stability?

a) Knee
b) Hip
c) Chest
d) Armpit

303. The nurse is caring for an immobile client. The nurse is promoting interventions to prevent foot drop from occurring. Which of the following is least likely a cause of foot drop?

a) Bed rest
b) Lack of exercise
c) Incorrect bed positioning
d) Bedding weight that forces the toes into plantar flexion

304. The nurse should consider performing preparatory exercises on which muscle to prevent flexion or buckling during crutch walking?

a) Shoulder depressor muscles
b) Forearm extensor muscles
c) Wrist extensor muscles
d) Finger & thumb flexor muscles

305. The nurse is measuring the crutch using the patient's height. How many inches should the nurse subtract from the patient's height to obtain the approximate measurement?

a) 10 inches
b) 16 inches
c) 9 inches
d) 5 inches

306. The most advanced gait used in crutch walking is:

a) Four point gait
b) Three point gait
c) Swing to gait
d) Swing through gait

307. In going up the stairs with crutches, the nurse should instruct the patient to:

A) Advance the stronger leg first up to the step then advance the crutches & the weaker extremity.
B) Advance the crutches to the step then the weaker leg is advanced after. The stronger leg then follows.
C) Advance both crutches & lift both feet & swing forward landing next to crutches.
D) Place both crutches in the hand on the side of the affected extremity

308. The patient can be selected with a crutch gait depending on the following apart from:

A) Patient's physical condition
B) Arm & truck strength
C) Body balance
D) Coping mechanism

309. Proper technique to use walker<zimmers frame>

a) move 10 feet, take small steps
b) move 10feet,take large wide steps
c) move 12feet
d transform weight to walker and walk

310. When using crutches, what part of the body should absorb the patient's weight?

A. Armpits
B. Hands
C. Back
D. Shoulders

311. What a patient should not do when using zimmer frame

A) it can be used outside
B) don't carry any other thing with walker
C) push walker forward when using
D) slide walker forward

312. What should be taught to a client about use of zimmer frame

A) move affected leg first
B) move unaffected leg
C) move both legs together

313. The nurse is giving the client with a left cast crutch walking instructions using the three point gait. The client is allowed touchdown of the affected leg. The nurse tells the client to advance the:

a) Left leg and right crutch then right leg and left crutch
b) Crutches and then both legs simultaneously
c) Crutches and the right leg then advance the left leg
d) Crutches and the left leg then advance the right leg

314. Which layer of the skin contains blood and lymph vessels. Sweat and sebaceous glands?

a) Epidermis
b) Dermis
c) Subcutaneous layer
d) All of the above

315. What is abduction?

a) Division of the body into front and back
b) Movement of a body parts towards the body's midline
c) Division of the body into left and right
d) Movement of body part away from the body's midline

316. What is the clinical benefit of active ankle movements?

a) To assist with circulation
b) To lower the risk of a DVT
c) To maintain joint range
d) All of the above

317. In the context of assessing risks prior to moving and handling, what does T-I-L-E stand for?

a) Task – individual – lift – environment
b) Task – intervene – load – environment
c) Task – intervene – load – equipment
d) Task – individual – load – environment

318. In Spinal cord injury patients, what is the most common cause of autonomic dysreflexia (a sudden rise in blood pressure)?

a) Bowel obstruction
b) Fracture below the level of the spinal lesion
c) Pressure sore
d) Urinary obstruction

319. A client with a right arm cast for fractured humerus states, "I haven't been able to straighten the fingers on the right hand since this morning." What action should the nurse take?

a) Assess neurovascular status to the hand
b) Ask the client to massage the fingers
c) Encourage the client to take the prescribed analgesic
d) Elevate the arm on a pillow to reduce oedema

320. How do the structures of the human body work together to provide support and assist in movement?

a) The skeleton provides a structural framework. This is moved by the muscles that contract or extend and in order to function, cross at least one joint and are attached to the articulating bones.
b) The muscles provide a structural framework and are moved by bones to which they are attached by ligaments.

c) The skeleton provides a structural framework; this is moved by ligaments that stretch and contract.
d) The muscles provide a structural framework, moving by contracting or extending, crossing at least one joint and attached to the articulatingbones.

321. What does ‘muscle atrophy’ mean?

a) Loss of muscle mass
b) A change in the shape of muscles
c) Disease of the muscle

322. Approximately how long is the spinal cord in an adult?

a) 30 cm
b) 45 cm
c) 60 cm
d) 120 cm

323. Carpal tunnel syndrome is caused by compression of which nerve:

a) Median nerve
b) Axillary nerve
c) Ulnar nerve
d) Radial nerve

324. The most commonly injured carpal bone is:

a) the scaphoid bone
b) the triquetral bone
c) the pisiform bone
d) the hamate bone

325. Client had fractured hand and being cared at home requiring analgesia. The medication was prescribed under PGD. Which of the following statements are correct relating to this:

a) A PGD can be delegated to student nurse who can administer medication with supervision
b) PGD's cannot be delegated to anyone
c) This type of prescription is not made under PGD
d) This can be delegated to another RN who can administer in view of a competent person

326. Patient is post of repair of tibia and fibula possible signs of compartment syndrome include

a) Numbness and tingling
b) Cool dusky toes
c) Pain
d) Toes swelling
e) All of the above

327. Patient has tibia fibula fracture. Which one of the following is not a symptom of compartment syndrome

a) Pain not subsiding even after giving epidural analgesia
b) Nausea and vomiting
c) Tingling and numbness of the lower limb
d) Cold extremities

328. A Chinese woman has been admitted with fracture of wrist. When you are helping her undress, you notice some bruises on her back and abdomen of different ages. You want to talk to her and what is your action

a) Ask her husband about the bruises
b) Ask her son/ daughter to translate
c) Arrange for interpreter to ask questions in private
d) Do not carry any assessment and document this is not possible as the client cannot speak English

329. What is the clinical benefit of active ankle movements?

A. To assist with circulation
B. To lower the risk of a DVT
C. To maintain joint range

D. All of the above

330. How do you test the placement of an enteral tube?

A. Monitoring bubbling at the end of the tube
B. Testing the acidity/alkalinity of aspirate using blue litmus paper
C. Interpreting absence of respiratory distress as an indicator of correct positioning
D. Have an abdominal x-ray

331. During enteral feeding in adults, at what degree angle should the patient be nursed at to reduce the risk of reflux and aspiration?

A) 25
B) 35
C) 45
D) 55

332. What is the use of protected meal time?

a) Patient get protection from visitors
b) Staff get enough time to have their bank
c) To give personal hygiene to patients who are confused
d) Patients get enough time to eat food without distractions while staff focus on people who needs help with eating

333. What is the best way to prevent who is receiving an enteral feed from aspirating?

a) Lie them flat
b) Sit them at least 45-degree angle
c) Tell them to lie in their side
d) Check their oxygen saturations

334. Approximately6 how many people in the UK are malnourished?

a) 1 million

b) 3 million
c) 5 million
d) 7 million

335. How can patients who need assistance at meal times be identified?

a) A red sticker
b) A colour serviette
c) A red tray
d) Any of the above

336. Which of the following is no longer a recommended method of mouth care?

a) Chlorhexidine solution and foam sticks
b) Sodium bicarbonate
c) Normal saline mouth wash
d) Glycerine and lemon swabs

337. Which of the following Is not a cause of gingival bleeding?

a) Lifestyle
b) Vitamin deficiency (Vitamin C and K)
c) Vigorous brushing of teeth
d) Intake of blood thinning medication (warfarin, asprin, and heparin)

338. What specifically do you need to monitor to avoid complications & ensure optimal nutritional status in patients being enterally fed?

a) Daily urinalysis, ECG, Protein levels and arterial pressure
b) Assess swallowing, patient choice, fluid balance, capillary refill time
c) Eye sight, hearing, full blood count, lung function and stoma site
d) Blood glucose levels, full blood count, stoma site and body weight

339. A patient is recovering from surgery has been advanced from a clear diet to a full liquid diet. The patient is looking forward to the diet change because he has been "bored" with the clear liquid diet. The nurse should offer which full liquid item to the patient

a) Custard
b) Black Tea
c) Gelatin
d) Ice pop

340. According to recent UK research, what is the recommended amount of vegetables and fruits to be consumed per day?

a) 3 portions per serving
b) 5 portions per serving
c) 7 portions per serving
d) 4 portions per serving

341. The nurse is preparing to change the parenteral nutrition (PN) solution bag & tubing. The patient's central venous line is located in the right subclavian vein. The nurse ask the client to take which essential action during the tubing change?

a) Take a deep breath, hold it, & bear down
b) Breathe normally
c) Exhale slowly & evenly
d) Turn the head to the right

342. If the prescribed volume is taken, which of the following type of feed will provide all protein, vitamins, minerals and trace elements to meet patient's nutritional requirements?

a) Protein shakes/supplements
b) Energy drink
c) Mixed fat and glucose polymer solutions/powder
d) Sip feed

343. A patient has been admitted for nutritional support and started receiving a hyperosmolar feed yesterday. He presents with diarrhea but no pyrexia. What is likely to be cause?

a) An infection
b) Food poisoning
c) Being in hospital
d) The feed

344. Your patient has a bulky oesophageal tumor and is waiting for surgery. When he tries to eat, food gets stuck and gives him heart burn. What is the most likely route that will be chosen to provide him with the nutritional support he needs?

a) Feeding via Radiologically inserted Gastostomy (RIG)
b) Nasogastric tube feeding
c) Feeding via a Percutaneous Endoscopic Gastrostonomy (PEG)
d) Continue oral

345. Which of the following medications are safe to be administered via a naso-gastric tube?

a) Drugs that can be absorbed via this route, can be crushed and given diluted or dissolved in 10-15 ml of water
b) Enteric-coated drugs to minimize the impact of gastric irritation
c) A cocktail of all medications mixed together, to save time and prevent fluid over loading the patient
d) Any drugs that can be crushed

346. An overall risk of malnutrition of 2 or higher signifies:

a) Low risk of malnutrition
b) Medium risk of malnutrition
c) High risk of malnutrition

347. One of the government initiative in promoting good healthy living is eating the right and balanced food. Which of the following can achieve this?

a) 24/7 exercise programme
b) 5-a-day fruits and vegetable portions

c) low calorie diet
d) high protein diet

348. Mr Bond's daughter rang and wanted to visit him. She told you of her diarrhoea and vomiting in the last 24 hours. How will you best respond to her about visiting Mr Bond?

a) allow her to visit and use alcohol gel before contact with him
b) visit him when she feels better
c) visit him when she is symptom free after 48 hours
d) allow her to visit only during visiting times only

349. An overall risk of malnutrition of 2 or higher signifies:

a) Low risk of malnutrition
b) Medium risk of malnutrition
c) High risk of malnutrition

350. Enteral feeding patient checks patency of tube placement by: x 2 correct answers

a) Pulling on the tube and then pushing it back in place
b) Aspirating gastric juice and then checking for ph<4
c) Infusing water or air and listening for gurgles
d) X-ray

351. The client reports nausea and constipation. Which of the following would be the priority nursing action?

a) Complete an abdominal assessment
b) Administer an anti-nausea a medication
c) Notify the physician
d) Collect a stool sample

352. What specifically do you need to monitor to avoid complications and ensure optimal nutritional status in patients being enterally fed?

a) Blood glucose levels, full blood count, stoma site and bodyweight.
b) Eye sight, hearing, full blood count, lung function and stoma site.
c) Assess swallowing, patient choice, fluid balance, capillary refill time.
d) Daily urinalysis, ECG, protein levels and arterial pressure.

353. What is the best way to prevent a patient who is receiving an enteral feed from aspirating?

a) Lie them flat.
b) Sit them at least at a 45° angle.
c) Tell them to lie on their side.
d) Check their oxygen saturations.

354. Which check do you need to carry out before setting up an enteral feed via a nasogastric tube?

a) That when flushed with red juice, the red juice can be seen when the tube is aspirated.
b) That air cannot be heard rushing into the lungs by doing the whoosh test
c) That the pH of gastric aspirate is <5.5, and the measurement on the NG tube is the same length as the time insertion.
d) That pH of gastric aspirate is >6.0, and the measurement on the NG tube is the same length as the time insertion

355. Which check do you need to carry out every time before setting up a routine enteral feed via a nasogastric tube?

a) That when flushed with red juice, the red juice can be seen when the tube is aspirated
b) That air cannot be heard rushing into the lungs by doing the 'whoosh test'.
c) That the pH of gastric aspirate is <4, and the measurement on the NG tube is the same length as the time insertion
d) abdominal x-ray

356. What specifically do you need to monitor to avoid complications and ensure optimal nutritional status in patients being enterally fed?

a) Blood glucose levels, full blood count, stoma site and bodyweight
b) Eye sight, hearing, full blood count, lung function and stoma site

c) Assess swallowing, patient choice, fluid balance, capillary refill time
d) Daily urinalysis, ECG, protein levels and arterial pressure

357. If a patient requires protective isolation, which of the following should you advise them to drink?

a) Filtered water only
b) Fresh fruit juice and filtered water
c) Bottled water and tap water
d) Long-life fruit juice and filtered water

358. A patient has been admitted for nutritional support and started receiving a hyperosmolar feed yesterday. He presents with diarrhoea but has no pyrexia. What is likely to be the cause?

a) The feed
b) An infection
c) Food poisoning
d) Being in hospital

359. Adam, 46 years old is of Jewish descent. As his nurse, how will you plan his dietary needs?

a) Assume he strictly needs Jewish food
b) Ask relatives to bring food from kosher market
c) Ask a rabbi to help you plan
d) Ask the patient about his diet preferences

360. An adult woman asks for the best contraception in view of her holiday travel to a diarrhoea prone areas. She is currently taking oral contraceptives. What advice will you give her?

a) Tell her to abstain from having sex because of HIV
b) Tell her to bring lots of contraceptives because it will be expensive
c) Tell her to use other methods like condom because diarrhoea lessens the effects of OCP
d) tell her to continue taking her usual contraceptives

361. Dehydration is of particular concern in ill health. If a patient is receiving IV fluid replacement and is having their fluid balance recorded, which of the following statements is true of someone said to be in "positive fluid balance"

a) The fluid output has exceeded the input
b) The doctor may consider increasing the IV drip rate
c) The fluid balance chart can be stopped as "positive" means "good"
d) The fluid input has exceeded the output

362. Obesity is one of the main problem. what might cause this?

a) supermarket
b) unequality
c) low economic class

363. Constipation needs to be sort out during:

a) planning
b) assessment
c) implementation
d) evaluation

364. What may not be cause of diarrheoa?

a) colitis
b) intestinal obstruction
c) food allergy
d) food poisoning

365. Perdue (2005) categorizes constipation as primary, secondary or iatrogenic. What could be some of the causes of iatrogenic constipation?

A. Inadequate diet and poor fluid intake.
B. Anal fissures, colonic tumours or hypercalcaemia.
C. Lifestyle changes and ignoring the urge to defaecate.

D. Antiemetic or opioid medication

366. A patient is to be subjected for surgery but the patient's BMI is low. Where will you refer the patient?

A. Speech and Language Therapist
B. Dietitian
C. Chef
D. Family member

367. How can patients who need assistance at meal times be identified?

A. A red sticker
B. A colour serviette
C. A red tray
D. Any of the above

368. Signs of denture related stomatitis

A. whiteness on the tongue
B. patches of shiny redness on the cheek and tongue
C. patches of shiny redness on the palette and gums
D. patches of shiny redness on the tongue

369. Before a gastric surgery, a nurse identifies that the patients BMI is too low. Who she should contact to improve the patients' health before surgery

a) Gastro enterologist
b) Dietitian
c) Family doc of patient
d) Physio

370. Which of the following <u>is not</u> a cause of gingival bleeding?

A. Vigorous brushing of teeth

B. Intake of blood thinning medications (warfarin, aspirin, and heparin)
C. Vitamin deficiency (Vitamins C and K)
D. Lifestyle

371. A patient develops gingivitis after using an artificial denture. It is characterized by

a) White patches on tongue
b) Red shiny patches on tongue
c) Red shiny patches around the palate of tooth

372. Signs of denture-related stomatitis include all <u>except:</u>

A. Redness underneath the area where the dentures are placed
B. Red sores at the corners of lips or on the roof of the mouth
C. Presence of white patches inside the mouth
D. Gingivitis

373. If a patient is experiencing dysphagia, which of the following investigations are they likely to have?

a) Colonoscopy
b) Gastroscopy
c) Cystoscopy
d) Arthroscopy

374. Signs and symptoms of early fluid volume deficit, except.

A. Decreased urine output
B. Decreased pulse rate
C. Concentrated urine
D. Decreased skin turgor

375. A patient is to be subjected for surgery but the patient's BMI is low. Where will you refer the patient?

A. Speech and Language Therapist
B. Dietician

C. Chef
D. Family member

376. A patient had been suffering from severe diarrheoa and is now showing signs of dehydration. Which of the following is not a classic symptom?

A. passing small amounts of urine frequently
B. dizziness or light-headedness
C. dark-coloured urine
D. thirst

377. A relative of the patient was experiencing vomiting and diarrhoea and wished to visit her mother who was admitted. As a nurse, what will you advise to the patient's relative?

a) There should be 48 hours after active symptoms should disappear prior to visiting patient
b) Inform relative it is fine to visit mother as long as she uses alcohol before entering ward premises

378. Nurse caring a confused client not taking fluids, staff on previous shift tried to make him drink but were unsuccessful. Now it is the visitors time, wife is waiting outside What to do?

a) Ask the wife to give him fluid, and enquire about his fluid preferences and usual drinking time
b) Tell her to wait and you need some time to make him drink
c) Inform doctor to start iv fluids to prevent dehydration

379. Causes of gingival bleeding

A. poor removal plaque
B. poor flossing
C. poor nutrition
D. poor taking of drugs

380. As a nurse you are responsible for looking after patient’s nutritional needs and to maintain good weight during hospitalization. How would you achieve this?

a) Providing all clients with liquid nutritional supplements

b) Assessing all patients using MUST screening tool and by taking patients preferences into consideration
c) Checking daily weigh and documenting
d) Assessing nutritional status, client preferences and needs, making individual food choices available, checking daily weight and documentation

381. The client reports nausea and constipation. Which of the following would be the priority nursing action?

a. Collect a stool sample
b. Complete an abdominal assessment
c. Administer an anti-nausea medication
d. Notify the physician

382. A nurse is not allowing the client to go to bed without finishing her meal. What is your action as a RN?

a) Do nothing as client has to finish her meal which is important for her health
b) Challenge the situation immediately as this is related to dignity of the patient and raise your concern
c) Do nothing as patient is not under your care
d) Wait until the situation is over and speak to the client on what she wants to do

383. A nurse is preparing to deliver a food tray to a client whose religion is Jewish. The nurse checks the food on the tray and notes that the food on the tray and notes that the client has received a roast beef dinner with whole milk as a beverage. Which action will the nurse take?

A) Deliver the food tray to the client
B) Call the dietary department and ask for a new meal tray
C) Replace the whole milk with fat free milk
D) Ask the dietary department to replace the roast beef with pork

384. What is the use of protected meal time?

a) Patient get protection from visitors
b) Staff get enough time to have their bank
c) To give personal hygiene to patients who are confused
d) Patients get enough time to eat food without distractions while staff focus on people who needs help with eating

385. How many cups of fluid do we need every day to keep us well hydrated?

a) 1 to 2
b) 2 to 4
c) 4 to 6
d) 6 to 8

386. The human body is made up of approximately what proportion of water?

a) 50%
b) 60%
c) 70%
d) 80%

387. Concentration of electrolytes within the body vary depending on the compartment within which they are contained. Extracellular fluid has a high concentration of which of the following?

a) Potassium
b) Chloride
c) Sodium
d) Magnesium

388. Dehydration is of particular concern in ill health. If a patient is receiving IV fluid replacement and is having their fluid balance recorded, which of the following statements is true of someone said to be in "positive fluid balance"

a) The fluid input has exceeded the output
b) The fluid balance chart can be stopped as "positive" means "good"
c) The doctor may consider increasing the IV drip rate
d) The fluid output has exceeded the input

389. Mr. James, 72 years old, is a registered blind admitted on your ward due to dehydration. He is encouraged to drink and eat to recover. How will you best manage this plan of care?

a) Ask the patient the assistance he needs

b) delegate someone to feed him
c) ask the relatives to assist in feeding him
d) look for volunteer to assist with his needs

390. What do you expect to manifest with fluid volume deficit?

a) Low pulse, Low Bp
b) High pulse, High BP
c) High Pulse, low BP
d) Low Pulse, high BP

391. If your patient is having positive balance. How will you find out dehydration is balanced?

A. Input exceeds output
B. Output exceeds input
C. Optimally hydrated
D. Optimally dehydrated

392. A patient underwent an abdominal surgery and will be unable to meet nutritional needs through oral intake. A patient was placed on enteral feeding. How would you position the patient when feeding is being administered?

A. Sitting upright at 30 to 45°
B. Sitting upright at 60 to 75°
C. Sitting upright at 45 to 60
D. Sitting upright at 75 to 90°

393. What is positive fluid balance?

A. A deficit in fluid volume.
B. A state when fluid intake is greater than output.
C. Retention of both electrolytes and water in proportion to the levels in the extracellular fluid.
D. A state where the body has less water than it needs to function properly.

394. Which of the following is not normally considered to be a high risk fluid?

a) Cerebrospinal fluid
b) Urine
c) Peritoneal fluid
d) Semen
e) All of the above

395. A patient is admitted to the ward with symptoms of acute diarrhoea. What should your initial management be?

a) Assessment, protective isolation, universal precautions.
b) Assessment, source isolation, antibiotic therapy.
c) Assessment, protective isolation, antimotility medication.
d) Assessment, source isolation, universal precautions

396. Sign of dehydration

a) Bounding pulse
b) Hypertension
c) Jugular distension
d) Hypotension

397. What is respiration?

a) the movement of air into and out of the lungs to continually refresh the gases there, commonly called 'breathing'
b) movement of oxygen from the lungs into the blood, and carbon dioxide from the lungs into the blood, commonly called 'gaseous exchange'
c) movement of oxygen from blood to the cells, and of carbon dioxide from the cells to the blood
d) the transport of oxygen from the outside air to the cells within tissues, and the transport of carbon dioxide in the opposite direction.

398. In normal breathing, what is the main muscle(s) involved in inspiration?

a) The diaphragm
b) The lungs

c) the intercostal
d) All of the above

399. What percentage of the air we breath is made up of oxygen?

a) 16%
b) 21%
c) 26%
d) 31

400. What is the most accurate method of calculating a respiratory rate?

a) Counting the number of respiratory cycles in 15 seconds and multiplying by 4.
b) Counting the number of respiratory cycles in 1 minute. One cycle is equal to the complete rise and fall of the patient's chest.
c) Not telling the patient as this may make them conscious of their breathing pattern and influence the accuracy of the rate.
d) Placing your hand on the patient's chest and counting the number of respiratory cycles in 30 seconds and multiplying by 2

401. What should be included in your initial assessment of your patients respiratory status?

a) Review the patients notes and charts, to obtain the patients history.
b) Review the results of routine investigations.
c) Observe the patients breathing for ease and comfort, rate and pattern.
d) Perform a systematic examination and ask the relatives for the patient’s history.

402. What should be included in your initial assessment of your patient's respiratory status?

A. Review the patient's notes and charts, to obtain the patient's history.
B. Review the results of routine investigations.
C. Observe the patient's breathing for ease and comfort, rate and pattern.
D.check for any drains
E all of the above

403. Position to make breathing effective?

a) left lateral
b) Supine
c) Right Lateral
d) High sidelying

404. A client breathes shallowly and looks upward when listening to the nurse. Which sensory mode should the nurse plan to use with this client?

a) Touch
b) Auditory
c) Kinesthetic
d) Visual

405. While assisting a client from bed to chair, the nurse observes that the client looks pale and is beginning to perspire heavily. The nurse would then do which of the following activities as a reassessment?

a) Help client into the chair but more quickly
b) Document client's vital signs taken just prior to moving the client
c) Help client back to bed immediately
d) Observe clients skin color and take another set of vital signs

406. A patient under u developed shortness of breath while climbing stairs. U inform this to the doctor. This response is interpreted ass:

a) Breaching of patients confidentiality
b) Essential, as it is the matter of patient's health

407. Which of the following is NOT a cause of Type 1 (hypoxaemic) respiratory failure?

A) Asthma
B) Pulmonary oedema
C) Drug overdose
D) Granulomatous lung disease

408. Respiratory protective equipment include:

A. gloves
B. mask
C. apron
D. paper towels

409. What should be included in a prescription for oxygen therapy?

A) You don't need a prescription for oxygen unless in an emergency.
B) The date it should commence, the doctor's signature and bleep number.
C) The type of oxygen delivery system, inspired oxygen percentage and duration of the therapy.
D) You only need a prescription if the patient is going to have home oxygen

410. Patient is in for oxygen therapy

A) A prescription is required including route, method and how long
B) No prescription is required unless he will use it at home.
C) Prescription not required for oxygen therapy

411. Why is it essential to humidify oxygen used during respiratory therapy?

A) Oxygen is a very hot gas so if humidification isnt used, the oxygen will burn the respiratory tract and cause considerable pain for the patient when they breathe.
B) Oxygen is a dry gas which can cause evaporation of water from the respiratory tract and lead to thickened mucus in the airways, reduction of the movement of cilia and increased susceptibility to respiratory infection.
C) Humidification cleans the oxygen as it is administered to ensure it is free from any aerobic pathogens before it is inhaled by the patient.

412. When using nasal cannulae, the maximum oxygen flow rate that should be used is 6 litres/min. Why?

A) Nasal cannulae are only capable of delivering an inspired oxygen concentration between 24% and 40%.
B) For any given flow rate, the inspired oxygen concentration will vary between breaths, as it depends upon the rate and depth of the patients breath and the inspiratory flow rate.
C) Higher rates can cause nasal mucosal drying and may lead to epistaxis.

D) If oxygen is administered at greater than 40% it should be humidified. You cannot humidify oxygen via nasal cannulae

413. If a patient is prescribed nebulizers, what is the minimum flow rate in litres per minute required?

a) 2 - 4
b) 4 - 6
c) 6 – 8
d) 8 – 10

414. Which of the following oxygen masks is able to deliver between 60-90% of oxygen when delivered at a flow rate of 10 – 15L/min?

a) Simple semi rigid plastic masks
b) Nasal cannulas
c) Venture high flow mask
d) Non-rebreathing masks

415. Prior to sending a patient home on oxygen, healthcare providers must ensure the patient and family understand the dangers of smoking in an oxygen-rich environment. Why is this necessary?

a) It is especially dangerous to the patient's health to smoke while using oxygen
b) Oxygen is highly flammable and there is a risk of fire
c) Oxygen and cigarette smoke can combine to produce a poisonous mixture
d) Oxygen can lead to an increased consumption of cigarette

416. What do you need to consider when helping a patient with shortness of breath sit out in a chair?

a) They should not sit out on a chair; lying flat is the only position for someone with shortness of breath so that there are no negative effects of gravity putting pressure in lungs
b) Sitting in a reclining position with legs elevated to reduce the use of postural muscle oxygen requirements, increasing lung volumes and optimizing perfusion for the best V/Q ratio. The patient should also be kept in an environment that is quiet so they don't expend any unnecessary energy

c) The patient needs to be able to sit in a forward leaning position supported by pillows. They may also need access to a nebulizer and humidified oxygen so they must be in a position where this is accessible without being a risk to others.
d) There are two possible positions, either sitting upright or side lying. Which is used and is determined by the age of the patient. It is also important to remember that they will always need a nebulizer and oxygen and the air temperature must be below20 degree Celsius

417. What do you expect patients with COPD to manifest?

A) Inc Pco2, dec O2
B) Dec Pco2, inc o2
C) Inc pco2, inc o2
D) Dec pco2, dec o2

418. Which of the following indicates signs of severe Chronic Obstructive Pulmonary disease (COPD)?

A) high p02 and high pC02
B) Low p02 and low pC02
C) low p02 and high pC02
D) high p02 and low pC02

419. A COPD patient is in home care. When you visit the patient, he is dyspnoeic, anxious and frightened. He is already on 2 lit oxygen with nasal cannula.What will be your action

A. Call the emergency service.
B. GiveOramorph 5mg medications as prescribed.
C. Ask the patient to calm down.
D. Increase the flow of oxygen to 5 L

420. A COPD patient is about to be discharged from the hospital. What is the best health teaching to provide this patient?

A. Increase fluid intake
B. Do not use home oxygen

C. Quit smoking
D. nebulize as needed

421. As a nurse, what health teachings will you give to a COPD patient?

A) Encourage to stop smoking
B) Administer oxygen inhalation as prescribed
C) Enroll in a pulmonary rehabilitation programme
D) All the above

You are caring for a patient with a history of COAD who is requiring 70% humidified oxygen via a facemask. You are monitoring his response to therapy by observing his colour, degree of respiratory distress and respiratory rate. The patient's oxygen saturations have been between 95% and 98%. In addition, the doctor has been taking arterial blood gases. What is the reason for this?

A. Oximeters may be unreliable under certain circumstances, e.g. if tissue perfusion is poor, if the environment is cold and if the patient's nails are covered with nail polish.
B. Arterial blood gases should be sampled if the patient is receiving >60% oxygen.
C. Pulse oximeters provide excellent evidence of oxygenation, but they do not measure the adequacy of ventilation.
D. Arterial blood gases measure both oxygen and carbon dioxide levels and therefore give an indication ofboth ventilation and oxygenation

422. Joy, a COPD patient is to be discharged in the community. As her nurse, which of the following interventions will you encourage him to do to prevent progression of disease.

A) Oxygen therapy
B) Breathing exercise
C) Cessation of smoking
D) coughing exercise

423. You are caring for a 17 year old woman who has been admitted with acute exacerbation of asthma. Her peak flow readings are deteriorating and she is becoming wheezy. What would you do?

A. Sit her upright, listen to her chest and refer to the chest physiotherapist.
B. Suggest that the patient takes her Ventolin inhaler and continue to monitor the patient.
C. Undertake a full set of observations to include oxygen saturations and respiratory rate. Administer humidified oxygen, bronchodilators, corticosteroids and antimicrobial therapy as prescribed.
D. Reassure the patient: you know from reading her notes that stress and anxiety often trigger her asthma.

424. Lisa, a working mother of 3, has approached you during a recent attendance of her daughter in Accident and Emergency because of an acute asthma attack about smoking cessation. What is your most appropriate response to her?

A. Smoking cessation will help prevent further asthma attack
B. Referral can be made to the local NHS Stop smoking service
C. Discuss with her the NICE recommendations on smoking cessation
D. It is not common for people like her to stop smoking

425. Reason for dyspnoea in patients who diagnosed with Glomerulonephritis patients?

a) Albumin loss increase oncotic pressure causes water retention in cells
b) Albumin loss causes decrease in oncotic pressure causes water retention causing fluid retention I alveoli
c) Albumin loss has no effect on oncotic pressure

426. Your patient has bronchitis and has difficulty in clearing his chest. What position would help to maximize the drainage of secretions?

a) Lying on his side with the area to be drained uppermost after the patient has had humidified air
b) Lying flat on his back while using a nebulizer
c) Sitting up leaning on pillows and inhaling humidified oxygen
d) Standing up in fresh air taking deep breaths

427. A client diagnosed of cancer visits the OPD and after consulting the doctor breaks down in the corridor and begins to cry. What would the nurses best action?

a) Ignore the client and let her cry in the hallway
b) Inform the client about the preparing to come forth next appointment for further discussion on the treatment planned
c) Take her to a room and try to understand her worries and do the needful and assist her with further information if required

d) Explain her about the list of cancer treatments to survive

428. When an oropharyngeal airway is inserted properly, what is the sign

a) Airway obstruction
b) Retching and vomiting
c) Bradycardia
d) Tachycardia

429. Which of the following is a potential complication of putting an oropharyngeal airway adjunct:

A) Retching, vomiting
B) Bradycardia
C) Obstruction
D) Nasal injury

430. What are the principles of gaining informed consent prior to a planned surgery?

A) Gaining permission for an imminent procedure by providing information in medical terms, ensuring a patient knows the potential risks and intended benefits.
B) Gaining permission from a patient who is competent to give it, by providing information, both verbally and with written material, relating to the planned procedure, for them to read on the day of planned surgery.
C) Gaining permission from a patient who is competent to give it, by informing them about the procedure and highlighting risks if the procedure is not carried out.
D) Gaining permission from a patient who is competent to give it, by providing information in understandable terms prior to surgery, allowing time for answering questions, and inviting voluntary participation.

431. When do you gain consent from a patient and consider it valid?

a) Only if a patient has the mental capacity to give consent
b) Only before a clinical procedure
c) None of the above

432. A patient is assessed as lacking capacity to give consent if they are unable to:

A) Understand information about the decision and remember that information
B) Use that information to make a decision
C) Communicate their decision by talking, using sign language or by any other means
D) All the above

433. The following must be considered in procuring a consent, <u>except:</u>

a) respect and support people's rights to accept or decline treatment or care
b) withhold people's rights to be fully involved in decisions about their care
c) be aware of the legislation regarding mental capacity
d) gain consent before treatment or care starts

434. What do you have to consider if you are obtaining a consent from the patient?

a) Understanding
b) Capacity
c) Intellect
d) Patient's condition

435. An adult has been medicated for her surgery. The operating room (OR) nurse, when going through the client's chart, realizes that the consent form has not been signed. Which of the following is the best action for the nurse to take?

a) Assume it is emergency surgery & the consent is implied
b) Get the consent form & have the client sign it
c) Tell the physician that the consent form is not signed
d) Have a family member sign the consent form

436. A patient doesn't sign the consent for mastectomy. But bystanders strongly feel that she needs surgery.

A) Allow family members to take decision on behalf of patient
B) Doc can proceed with surgery, since it is in line with the best interest and outcome
C) Respect patients decision. She has the right to accept or deny

437. A client is brought to the emergency room by the emergency medical services after being hit by car. The name of the client is not known. The client has sustained a severe head injury, multiple fractures and is unconscious. An emergency craniotomy is required, regarding informed consent for the surgical procedure, which of the following is the best action?

a) Call the police to identify the client and locate the family
b) Obtain a court order for the surgical procedure
c) Ask the emergency medical services team to sign the informed consent
d) Transport the victim to the operating room for surgery

438. What does assessing for no refusal means?

A) That the person has not already refused treatment
B) That the person cannot or is unable to refuse treatment
C) That the person does not already have an advanced decision
D) The person is already detained/ being treated under the mental health act.

439. Barbara, a 75-year old patient from a nursing home was admitted on your ward because of fractured neck of femur after a trip. She will require an open-reduction and internal fixation (ORIF) procedure to correct the injury. Which of the following statements will help her understand the procedure?

a) You are going to have an ORIF done to correct your fracture.
b) Some metal screws and pins will be attached to your hip to help with the healing of your broken bone.
c) The operation will require a metal fixator implanted to your femur and adjacent bones to keep it secured
d) The ORIF procedure will be done under general anaesthesia by an orthopaedic surgeon

440. What is right in case of consent among children under 18.

a) Only children between 16-18 are competent to give it.
b) Parents are responsible to give consent with children
c) Children who are intellectually developed and understand matters can give consent

441. Recommended preoperative fasting times are:

a) 2-4 hours
b) 6-12 hours

c) 12-14 hours

442. A patient is being prepared for a surgery and was placed on NPO. What is the purpose of NPO?

A. Prevention of aspiration pneumonia
B. To facilitate induction of pre-op meds
C. For abdominal procedures
D. To decrease production of fluids

443. Which is the safest and most appropriate method to remove hair pre-operatively?

a) Shaving
b) Clipping
c) Chemical removal
d) Washing

444. Who should mark the skin with an indelible pen ahead of surgery?

A) The nurse should mark the skin in consultation with the patient
B) A senior nurse should be asked to mark the patient's skin
C) The surgeon should mark the skin
D) It is best not to mark the patient's skin for fear of distressing the patient.

445. A patient is scheduled to undergo an Elective Surgery. What is the least thing that should be done?

A. Assess/Obtain the patient's understanding of, and consent to, the procedure, and a share in the decision making process.
B. Ensure pre-operative fasting, the proposed pain relief method, and expected sequelae are carried out anddiscussed.
C. Discuss the risk of operation if it won't push through.
D. The documentation of details of any discussion in the anaesthetic record.

446. Safe moving and handling of an anaesthetized patient is imperative to reduce harm to both the patient and staff. What is the minimum number of staff required to provide safe manual handling of a patient in theatre?

A) 3 (1 either side, 1 at head).
B) 5 (2 each side, 1 at head).
C) 4 (1 each side, 1 at head, 1 at feet).
D) 6 (2 each side, 1 at head, 1 at feet).

447. You are the nurse assigned in recovery room or post anaesthetic care unit. The main priority of care in such area is:

a) Keeping airway intact
b) keeping patient pain free
c) keeping neurological condition stable
d) keeping relatives informed of patient's condition

448. As a registered nurse in a unit what would consider as a priority to a patient immediately post operatively?

A) pain relief
B) blood loss
C) airway patency

449. Gurgling sound from airway in a postoperative client indicates what

a) Complete obstruction of lower airway
b) Partial obstruction of upper airway
c) Common sign of a post-operative patient

450. Accurate postoperative observations are key to assessing a patient's deterioration or recovery. The Modified Early Warning Score (MEWS) is a scoring system that supports that aim. What is the primary purpose of MEWS?

a) Identifies patients at risk of deterioration.
b) Identifies potential respiratory distress.
c) improves communication between nursing staff and doctors.
d) Assesses the impact of pre-existing conditions on postoperative recovery

451. What serious condition is a possibility for patients positioned in the Lloyd Davies position during surgery?

A) Stroke
B) Cardiac arrest
C) Compartment syndrome
D) There are no drawbacks to the Lloyd Davies position

452. A patient has just returned from theatre following surgery on their left arm. They have a PCA infusion connected and from the admission, you remember that they have poor dexterity with their right hand. They are currently pain free. What actions would you take?

A) Educate the patient's family to push the button when the patient asks for it. Encourage them to tell the nursing staff when they leave the ward so that staff can take over.
B) Routinely offer the patient a bolus and document this clearly.
C) Contact the pain team/anaesthetist to discuss the situation and suggest that the means of delivery are changed.
D) The patient has paracetamol q.d.s. written up, so this should be adequate pain relief

453. The night after an exploratory laparotomy, a patient who has a nasogastric tube attached to low suction reports nausea. A nurse should take which of the following actions first?

A) Administer the prescribed antiemetic to the patient.
B) Determine the patency of the patient's nasogastric tube.
C) Instruct the patient to take deep breaths.
Assess the patient for pain

454. You are looking after a postoperative patient and when carrying out their observations, you discover that they are tachycardic and anxious, with an increased respiratory rate. What could be happening? What would you do?

a) The patient is showing symptoms of hypovolaemic shock. Investigate source of fluid loss, administer fluid replacement and get medical support.
b) The patient is demonstrating symptoms of atelectasis. Administer a nebulizer, refer to physiotherapist for assessment.
c) The patient is demonstrating symptoms of uncontrolled pain. Administer prescribed analgesia, seek assistance from medical team.
d) The patient is demonstrating symptoms of hyperventilation. Offer reassurance, administer oxygen

455. Patient is post of repair of tibia and fibula possible signs of compartment syndrome include

A) Numbness and tingling
B) Cool dusky toes
C) Pain
D) Toes swelling
E) All of the above

456. Now the medical team encourages early ambulation in the post-operative period. which complication is least prevented by this?

A) Tissue wasting
B) Thrombophlebitis
C) Wound infection
D) Pneumonia

457. if a client is experiencing hypotension post operatively, the head is not tilted in which of the following surgeries

a) Chest surgery
b) Abdominal surgery
c) Gynaecological surgery
d) Lower limb surgery

458. You went back to see Mr Derby who is 1 day post-herniorraphy. As you approach him he complained of difficulty of breathing with respiration rate of 23 breaths per minute and oxygen saturation 92% in room air. What is your next action to help him?

a) give him oxygen
b) give him pain relief
c) give him antibiotics
d) give him nebulisers

459. Barbara was screaming in pain later in the day despite the PCA in-situ. You refer back to your nurse in charge for a stronger pain killer. She refused to call the doctor because her pain relief was reassessed earlier. What will you do next?

A. Continue to refer back to her until she calls the doctor
B. Encourage Barbara to continuously use the PCA

C. Give Barbara some sedatives to keep her calm
D. Wait until her pain stops

460. How soon after surgery is the patient expected to pass urine?

A) 1-2 hours
B) 2-4 hours
C) 4-6 hours
D) 6-8 hours

461. A patient has just returned to the unit from surgery. The nurse transferred him to his bed but did not put up the side rails. The patient fell and was injured. What kind of liability does the nurse have?

a) None
b) Negligence
c) Intentional tort
d) Assault and battery

462. Which of these <u>is not</u> a symptom of an ectopic pregnancy?

A. Pain
B. Bleeding
C. Vomiting
D. Diarrhoea

463. A young woman gets admitted with abdominal pain & vaginal bleeding. Nurse should consider an ectopic pregnancy. Which among the following is <u>not a symptom</u> of ectopic pregnancy?

a) Pain at the shoulder tip
b) Dysuria
c) Positive pregnancy test

464. The signs and symptoms of ectopic pregnancy <u>except</u>:

a) Vaginal bleeding
b) Positive pregnancy test
c) Shoulder tip pain
d) Protein excretion exceeds 2 g/day

465. Which of the following is NOT a risk factor for ectopic pregnancy?

a) Alcohol abuse
b) Smoking
c) Tubal or pelvic surgery
d) previous ectopic pregnancy

466. What is not a sign of meconium aspiration

a) Floppy in appearance
b) Apnoea
c) Crying

467. An 18 year old 26 week pregnant woman who uses illicit drugs frequently, the factors in risk for which one of the following:

a) Spina bifida
b) Meconium aspiration
c) Pneumonia
d) Teratogenicity

468. Common minor disorder in pregnancy?

a) abdominal pain
b) heart burn
c) headache

469. An unmarried young female admitted with ectopic pregnancy with her friend to hospital with complaints of abdominal pain. Her friend assisted a procedure and became aware of her pregnancy and when the family arrives to hospital, she reveals the truth. The family reacts negatively. What could the nurse have done to protect the confidentiality of the patient information?

a. should tell the family that they don't have any rights to know the patient information
b. that the friend was mistaken and the doctor will confirm the patient's condition
c. should insist friend on confidentiality
d. should have asked another staff nurse to be a chaperone while assisting a procedure

470. Jenny was admitted to your ward with severe bleeding after 48 hours following her labour. What stage of post partum haemorrhage is she experiencing?

a) Primary
b) Secondary
c) Tertiary
d) Emergency

471. Postpartum haemorrhage: A patient gave birth via NSD. After 48 hours, patient came back due to bleeding, bleeding after birth is called post partum haemorrhage. What type?

A. primary postpartum haemorrhage
B. secondary postpartum haemorrhage
C. tertiary postpartum haemorrhage
D. lochia

472. A young mother who delivered 48hrs ago comes back to the emergency department with post partum haemorrhage. What type of PPH is it?

a) primary post partum haemorrhage
b) secondary post partum haemorrhage
c) tertiary post partum haemorrhage.

473. A new mother is admitted to the acute psychiatric unit with severe postpartum depression. She is tearful and states, "I don't know why this happened to me I was so excited for my baby to come, but now I don't know!" Which of the following responses by the nurse is MOST therapeutic?

a) Maybe you weren't ready for a child after all."
b) Having a new baby is stressful, and the tiredness and different hormone levels don't help. It happens to many new mothers and is very treatable.
c) What happened once you brought the baby home? Did you feel nervous?
d) Has your husband been helping you with the housework at all?"

474. In a G.P clinic when you assessing a pregnant lady you observe some bruises on her hand. When you asked her about this she remains silent. What is your action?

a) Call her husband to know what is happening
b) Tell her that you are concerned of her welfare and you may need to share this information appropriately with the people who offer help
c) Do nothing as she does not want to speak anything
d) Call the police

475. A client is admitted to the labour and delivery unit. The nurse performs a vaginal exam and determines that the client's cervix is 5cm dilated with 75% effacement. Based on the nurse's assessment the client is in which phase of labour?

A. Active
B. Latent
C. Transition
D. Early

476. After the physician performs an amniotomy, the nurse's first action should be to assess the:

A. Degree of cervical dilation
B. Fetal heart tones
C. Client's vital signs
D. Client's level of discomfort

477. The physician has ordered an injection of RhoGam for the postpartum client whose blood type is A negative but whose baby is O positive. To provide postpartum prophylaxis, RhoGam should be administered:

A. Within 72 hours of delivery

B. Within one week of delivery
C. Within two weeks of delivery
D. Within one month of delivery

478. The nurse is teaching a group of prenatal clients about the effects of cigarette smoke on fetal development. Which characteristic is associated with babies born to mothers who smoked during pregnancy?

A. Low birth weight
B. Large for gestational age
C. Preterm birth, but appropriate size for gestation
D. Growth retardation in weight and length

479. A client telephones the emergency room stating that she thinks that she is in labour. The nurse should tell the client that labour has probably begun when:

A. Her contractions are two minutes apart.
B. She has back pain and a bloody discharge.
C. She experiences abdominal pain and frequent urination.
D. Her contractions are five minutes apart.

480. A client is admitted to the labour and delivery unit complaining of vaginal bleeding with very little discomfort. The nurse's first action should be to:

A. Assess the fetal heart tones.
B. Check for cervical dilation.
C. Check for firmness of the uterus.
D. Obtain a detailed history

481. The nurse is discussing breastfeeding with a postpartum client. Breastfeeding is contraindicated in the postpartum client with:

A. Diabetes
B. HIV
C. Hypertension
D. Thyroid disease

482. The nurse is caring for a neonate whose mother is diabetic. The nurse will expect the neonate to be:

A. Hypoglycemic, small for gestational age
B. Hyperglycemic, large for gestational age
C. Hypoglycemic, large for gestational age
D. Hyperglycemic, small for gestational age

483. A client tells the doctor that she is about 20 weeks pregnant. The most definitive sign of pregnancy is:

A. Elevated human chorionic gonadatropin
B. The presence of fetal heart tones
C. Uterine enlargement
D. Breast enlargement and tenderness

484. The nurse is teaching a pregnant client about nutritional needs during pregnancy. Which menu selection will best meet the nutritional needs of the pregnant client?

A. Hamburger patty, green beans, French fries, and iced tea
B. Roast beef sandwich, potato chips, baked beans, and cola
C. Baked chicken, fruit cup, potato salad, coleslaw, yogurt, and iced tea
D. Fish sandwich, gelatin with fruit, and coffee

485. The doctor suspects that the client has an ectopic pregnancy. Which symptom is consistent with a diagnosis of a ruptured ectopic pregnancy?

A. Painless vaginal bleeding
B. Abdominal cramping
C. Throbbing pain in the upper quadrant
D. Sudden, stabbing pain in the lower quadrant

486. Which of the following is a characteristic of an ominous periodic change in the fetal heart rate?

A. A fetal heart rate of 120–130bpm
B. A baseline variability of 6–10bpm
C. Accelerations in FHR with fetal movement
D. A recurrent rate of 90–100bpm at the end of the contractions

487. The nurse notes variable decelerations on the fetal monitor strip. The most appropriate initial action would be to:

A. Notify her doctor.
B. Start an IV.
C. Reposition the client.
D. Readjust the monitor.

488. As the client reaches 6cm dilation, the nurse notes late decelerations on the fetal monitor. What is the most likely explanation of this pattern?

A. The baby is sleeping.
B. The umbilical cord is compressed.
C. There is head compression.
D. There is uteroplacental insufficiency.

489. The following are all nursing diagnoses appropriate for a gravida 1 para 0 in labour. Which one would be most appropriate for the primagravida as she completes the early phase of labour?

A. Impaired gas exchange related to hyperventilation
B. Alteration in placental perfusion related to maternal position
C. Impaired physical mobility related to fetal-monitoring equipment
D. Potential fluid volume deficit related to decreased fluid intake

490. A vaginal exam reveals that the cervix is 4cm dilated, with intact membranes and a fetal heart tone rate of 160–170bpm. The nurse decides to apply an external fetal monitor. The rationale for this implementation is:

A. The cervix is closed.
B. The membranes are still intact.
C. The fetal heart tones are within normal limits.
D. The contractions are intense enough for insertion of an internal monitor.

491. A vaginal exam reveals a footling breech presentation. The nurse should take which of the following actions at this time?

A. Anticipate the need for a Caesarean section.
B. Apply an internal fetal monitor.
C. Place the client in Genu Pectoral position.
D. Perform an ultrasound.

492. The obstetric client's fetal heart rate is 80–90 during the contractions. The first action the nurse should take is:

A. Reposition the monitor.
B. Turn the client to her left side.
C. Ask the client to ambulate.**.** The client's T-cell count is extremely low.
D. Prepare the client for delivery

493. Which observation would the nurse expect to make after an amniotomy?

A. Dark yellow amniotic fluid
B. Clear amniotic fluid
C. Greenish amniotic fluid
D. Red amniotic fluid

494. The client with pre-eclampsia is admitted to the unit with an order for magnesium sulfate. Which action by the nurse indicates the understanding of magnesium toxicity?

A. The nurse performs a vaginal exam every 30 minutes.
B. The nurse places a padded tongue blade at the bedside.
C. The nurse inserts a Foley catheter.
D. The nurse darkens the room.

495. Which selection would provide the most calcium for the client who is four months pregnant?

A. A granola bar
B. A bran muffin

C. A cup of yogurt
D. A glass of fruit juice

496. The nurse is monitoring a client with a history of stillborn infant. The nurse is aware that nonstress test can be ordered for the client to:

a) Determine lung maturity
b) **Measure the fetal activity**
c) Show the effect of contractions on fetal heart rate
d) Measure the well-being of the fetus

497. The nurse is teaching basic infant care to a group of first-time parents. The nurse should explain that a sponge bath is recommended for the first two weeks of life because:

A. New parents need time to learn how to hold the baby.
B. The umbilical cord needs time to separate.
C. Newborn skin is easily traumatized by washing.
D. The chance of chilling the baby outweighs the benefits of bathing.

498. When the nurse checks the fundus of a client on the first postpartum day, she notes that the fundus is firm, is at the level of the umbilicus, and is displaced to the right. The next action the nurse should take is to:

A. Check the client for bladder distention.
B. Assess the blood pressure for hypotension.
C. Determine whether an oxytocic drug was given.
D. Check for the expulsion of small clots.

499. A client is admitted to the labour and delivery unit in active labour. During examination, the nurse notes a papular lesion on the perineum. Which initial action is most appropriate?

A. Document the finding.
B. Report the finding to the doctor.
C. Prepare the client for a C-section.
D. Continue primary care as prescribed.

500. A 15-year-old primigravida is admitted with a tentative diagnosis of HELLP syndrome. Which laboratory finding is associated with HELLP syndrome?

A. Elevated blood glucose
B. Elevated platelet count
C. Elevated creatinine clearance
D. Elevated hepatic enzymes

501. The nurse is assessing the deep tendon reflexes of a client with pre-eclampsia. Which method is used to elicit the biceps reflex?

A. The nurse places her thumb on the muscle inset in the antecubital space and taps the thumb briskly with the reflex hammer.
B. The nurse loosely suspends the client's arm in an open hand while tapping the back of the client's elbow.
C. The nurse instructs the client to dangle her legs as the nurse strikes the area below the patella with the blunt side of the reflex hammer.
D. The nurse instructs the client to place her arms loosely at her side as the nurse strikes the muscle insert just above the wrist.

502. Which observation in the newborn of a diabetic mother would require immediate nursing intervention?

A. Crying
B. Wakefulness
C. Jitteriness
D. Yawning

503. The nurse caring for a client receiving intravenous magnesium sulfate must closely observe for side effects associated with drug therapy. An expected side effect of magnesium sulfate is:

A. Decreased urinary output
B. Hypersomnolence
C. Absence of knee jerk reflex
D. Decreased respiratory rate

504. A newborn with narcotic abstinence syndrome is admitted to the nursery. Nursing care of the newborn should include:

A. Teaching the mother to provide tactile stimulation
B. Wrapping the newborn snugly in a blanket
C. Placing the newborn in the infant seat
D. Initiating an early infant-stimulation program

505. A client elects to have epidural anesthesia to relieve the discomfort of labour. Following the initiation of epidural anesthesia, the nurse should give priority to:

A. Checking for cervical dilation
B. Placing the client in a supine position
C. Checking the client's blood pressure
D. Obtaining a fetal heart rate

506. When assessing a labouring client, the nurse finds a prolapsed cord. The nurse should:

A. Attempt to replace the cord.
B. Place the client on her left side.
C. Elevate the client's hips.

507. A client who delivered this morning tells the nurse that she plans to breastfeed her baby. The nurse is aware that successful breastfeeding is most dependent on the:

A. Mother's educational level
B. Infant's birth weight
C. Size of the mother's breast
D. Mother's desire to breastfeed

508. The nurse is monitoring the progress of a client in labour. Which finding should be reported to the physician immediately?

A. The presence of scant bloody discharge
B. Frequent urination

C. The presence of green-tinged amniotic fluid
D. Moderate uterine contractions

509. The nurse is measuring the duration of the client's contractions. Which statement is true regarding the measurement of the duration of contractions?

A. Duration is measured by timing from the beginning of one contraction to the beginning of the next contraction.
B. Duration is measured by timing from the end of one contraction to the beginning of the next contraction.
C. Duration is measured by timing from the beginning of one contraction to the end of the same contraction.
D. Duration is measured by timing from the peak of one contraction to the end of the same contraction.

510. The physician has ordered an intravenous infusion of Pitocin for the induction of labour. When caring for the obstetric client receiving intravenous Pitocin, the nurse should monitor for:

A. Maternal hypoglycemia
B. Fetal bradycardia
C. Maternal hyperreflexia
D. Fetal movement

511. A client with diabetes visits the prenatal clinic at 28 weeks gestation. Which statement is true regarding insulin needs during pregnancy?

A. Insulin requirements moderate as the pregnancy progresses.
B. A decreased need for insulin occurs during the second trimester.
C. Elevations in human chorionic gonadotrophin decrease the need for insulin.
D. Fetal development depends on adequate insulin regulation.

512. A client in the prenatal clinic is assessed to have a blood pressure of 180/96. The nurse should give priority to:

A. Providing a calm environment

B. Obtaining a diet history
C. Administering an analgesic
D. Assessing fetal heart tones

513. A primigravida, age 42, is six weeks pregnant. Based on the client's age, her infant is at risk for:

A. Down syndrome
B. Respiratory distress syndrome
C. Turner's syndrome
D. Pathological jaundice

514. A client with a missed abortion at 29 weeks gestation is admitted to the hospital. The client will most likely be treated with:

A. Magnesium sulfate
B. Calcium gluconate
C. Dinoprostone (Prostin E.)
D. Bromocrystine (Parlodel)**.**.

515. Which statement made by the nurse describes the inheritance pattern of autosomal recessive disorders?

A. An affected newborn has unaffected parents.
B. An affected newborn has one affected parent.
C. Affected parents have a one in four chance of passing on the defective gene.
D. Affected parents have unaffected children who are carriers.

516. A pregnant client, age 32, asks the nurse why her doctor has recommended a serum alpha fetoprotein. The nurse should explain that the doctor has recommended the test:

A. Because it is a state law
B. To detect cardiovascular defects
C. Because of her age
D. To detect neurological defects

517. A client with hypothyroidism asks the nurse if she will still need to take thyroid medication during the pregnancy. The nurse's response is based on the knowledge that:

A. There is no need to take thyroid medication because the fetus's thyroid produces a thyroid-stimulating hormone.
B. Regulation of thyroid medication is more difficult because the thyroid gland increases in size during pregnancy.
C. It is more difficult to maintain thyroid regulation during pregnancy due to a slowing of metabolism.
D. Fetal growth is arrested if thyroid medication is continued during pregnancy.

518. The nurse is responsible for performing a neonatal assessment on a full-term infant. At one minute, the nurse could expect to find:

A. An apical pulse of 100
B. An absence of tonus
C. Cyanosis of the feet and hands
D. Jaundice of the skin and sclera

519. A client with sickle cell anaemia is admitted to the labour and delivery unit during the first phase of labour. The nurse should anticipate the client's need for:

A. Supplemental oxygen
B. Fluid restriction
C. Blood transfusion
D. Delivery by Caesarean section

520. An infant who weighs 8 pounds at birth would be expected to weigh how many pounds at one year?

A. 14 pounds
B. 16 pounds
C. 18 pounds
D. 24 pounds

521. A pregnant client with a history of alcohol addiction is scheduled for a nonstress test. The nonstress test:

A. Determines the lung maturity of the fetus
B. Measures the activity of the fetus
C. Shows the effect of contractions on the fetal heart rate
D. Measures the neurological well-being of the fetus

A full-term male has hypospadias. Which statement describes hypospadias?

A. The urethral opening is absent
B. The urethra opens on the top side of the penis
C. The urethral opening is enlarged
D. The urethra opens on the under side of the penis

A gravida III para II is admitted to the labor unit. Vaginal exam reveals that the client's cervix is 8cm dilated, with complete effacement. The priority nursing diagnosis at this time is:

A. Alteration in coping related to pain
B. Potential for injury related to precipitate delivery
C. Alteration in elimination related to anesthesia
D. Potential for fluid volume deficit related to NPO status

During the assessment of a labouring client, the nurse notes that the FHT are loudest in the upper-right quadrant. The infant is most likely in which position?

A. Right breech presentation
B. Right occipital anterior presentation
C. Left sacral anterior presentation
D. Left occipital transverse presentation

The nurse is providing postpartum teaching for a mother planning to breastfeed her infant. Which of the client's statements indicates the need for additional teaching?

A. "I'm wearing a support bra."
B. "I'm expressing milk from my breast."
C. "I'm drinking four glasses of fluid during a 24-hour period."
D. "While I'm in the shower, I'll allow the water to run over my breasts."

While assessing the postpartal client, the nurse notes that the fundus is displaced to the right. Based on this finding, the nurse should:

A. Ask the client to void.
B. Assess the blood pressure for hypotension.
C. Administer oxytocin.
D. Check for vaginal bleeding.

The nurse is performing an initial assessment of a newborn Caucasian male delivered at 32 weeks gestation. The nurse can expect to find the presence of:

A. Mongolian spots
B. Scrotal rugae
C. Head lag
D. Polyhydramnios

The nurse is monitoring a client with a history of stillborn infants. The nurse is aware that a nonstress test can be ordered for this client to:

A. Determine lung maturity
B. Measure the fetal activity
C. Show the effect of contractions on fetal heart rate
D. Measure the well-being of the fetus

An infant's Apgar score is 9 at five minutes. The nurse is aware that the most likely cause for the deduction of one point is:

A. The baby is hypothermic.
B. The baby is experiencing bradycardia.
C. The baby's hands and feet are blue.
D. The baby is lethargic.

An adolescent primigravida who is 10 weeks pregnant attends the antepartal clinic for a first check-up. To develop a teaching plan, the nurse should initially assess:

A. The client's knowledge of the signs of preterm labor
B. The client's feelings about the pregnancy
C. Whether the client was using a method of birth control
D. The client's thought about future children

A diabetic multigravida is scheduled for an amniocentesis at 32 weeks gestation to determine the L/S ratio and phosphatidyl glycerol level. The L/S ratio is 1:1 and the presence of phosphatidylglycerol is noted. The nurse's assessment of this data is:

A. The infant is at low risk for congenital anomalies.
B. The infant is at high risk for intrauterine growth retardation.
C. The infant is at high risk for respiratory distress syndrome.
D. The infant is at high risk for birth trauma.

522. Which of the following best describes the Contingency Theory of Leadership?

a) Leaders behaviour influence team members
b) Leaders grasp the whole picture and their respective roles
c) The plan is influenced by the outside force
d) The leader sees the kind of situation, the setting, and their roles

523. Which of the steps is NOT involved in Tuckman's group formation theory?

a) Accepting
b) Norming
c) Storming

d) Forming

524. Which is not a stage in the Tuckman Theory of contingency?

a) Forming
b) Storming
c) Norming
d) Analysing

525. Which of the following nursing theorists developed a conceptual model based on the belief that all persons should strive to achieve self-care?

a) Martha Rogers
b) Dorothea Orem
c) Florence Nightingale
d) Cister Callista Roy

526. The contingency theory of management moves the manager away from which of the following approaches?

a) No perfect solution
b) One size fits all
c) Interaction of the system with the environment
d) a method of combination of methods that will be most effective in a given situation.

527. Which nursing delivery model is based on a production and efficiency model and stresses a task-orientated approach?

a) Case management
b) Primary nursing
c) Differentiated practice
d) Functional method

528. C Clostridium difficile (C- diff) infections can be prevented by:

a) using hand gels

b) washing your hands with soap and water
c) using repellent gowns
d) limit visiting times

529. Causes of diarrhoea in Clostridium Difficile are:

a) Ulcerative colitis - Ulcerative Colitis is a condition that causes inflammation and ulceration of the inner lining of the rectum and colon
b) Hashimotos disease - Hashimoto's disease, also called chronic lymphocytic thyroiditis or autoimmune thyroiditis, is an autoimmune disease
c) Pseudomembranous colitis -pseudomembranous colitis (PMC) is an acute, exudative colitis usually caused by Clostridium difficile. PMC can rarely be caused by other bacteria,
d) Crohn's disease - Crohn's Disease is one of the two main forms of Inflammatory Bowel Disease, so may also be called 'IBD'. The other main form of IBD is a condition known as Ulcerative Colitis

530. Barrier Nursing for C.diff patient what should you not do?

a) Use of hand gel/ alcohol rub
b) Use gloves
c) Patient has his own set of washers
d) Strict disinfection of pt's room after isolation

531. Leonor, 72 years old patient is being treated with antibiotics for her UTI. After three days of taking them, she developed diarrhoea with blood stains. What is the most possible reason for this?

a) Antibiotics causes chronic inflammation of the intestine
b) An anaphylactic reaction
c) Antibiotic alters her GI flora which made Clostridium-difficile to multiply
d) she is not taking the antibiotics with food

532. You are caring for a patient in isolation with suspected Clostridium difficile. What are the essential key actions to prevent the spread of infection?

a) Regular hand hygiene and the promotion of the infection prevention link nurse role.

b) Encourage the doctors to wear gloves and aprons, to be bare below the elbow and to wash hands with alcohol hand rub. Ask for cleaning to be increased with soap-based products.
c) seek the infection prevention team to review the patient's medication chart and provide regular teaching sessions on the 5 moments of hand hygiene. Provide the patient and family with adequate information.
d) Review antimicrobials daily, wash hands with soap and water before and after each contact with the patient, ask for enhanced cleaning with chlorine-based products and use gloves and aprons when disposing of body fluids.

533. When treating patients with clostridium difficile, how should you clean your hands?

a) Use alcohol hand rubs
b) Use soap & water
c) Use hand wipes
d) All of the above

534. What infection control steps should not be taken in a patient with diarrhoea caused by Clostridium Difficile?

a) Isolation of the patient
b) All staff must wear aprons and gloves while attending the patient
c) All staff will be required to wash their hands before and after contact with the patient, their bed linen and soiled items
d) Oral administration of metronidazole, vancomycin, fidaxomicin may be required
e) None of the above

535. Patient with clostridium deficile has stools with blood and mucus. due to which condition?

a) Ulcerative colitis
b) Chrons disease
c) Inflammatory bowel disease

536. Which of the following is NOT a stage in the life cycle of viruses?

a) Attachment

b) Uncoating
c) Replication
d) Dispersal

538. Which of the following is NOT a typical characteristic of bacteria?

a) Cell wall
b) Eukaryocyte
c) Spherical
d) Spores

539. For which of the following modes of transmission is good hand hygiene a key preventative measure?

a) Airborne
b) Direct & indirect contact
c) Droplet
d) All of the above

540. 5 moments of hand hygiene include all of the following except:

a) Before Patient Contact
b) Before a clean / aseptic procedure
c) Before Body Fluid Exposure Risk
d) After Patient contact
e) After Contact with Patient's surrounding

541. If you were asked to take 'standard precautions' what would you expect to be doing?

A. Wearing gloves, aprons and mask when caring for someone in protective isolation
B. Taking precautions when handling blood and 'high risk' body fluids so as not to pass on any infection to the patient
C. Using appropriate hand hygiene, wearing gloves and aprons where necessary, disposing of used sharp instruments safely and providing care in a suitably clean environment to protect yourself and the patients

D. Asking relatives to wash their hands when visiting patients in the clinical setting

542. Define standard precaution:

a) The precautions that are taken with all blood and 'high-risk' body fluids.
b) The actions that should be taken in every care situation to protect patients and others from infection, regardless of what is known of the patient's status with respect to infection.
c) It is meant to reduce the risk of transmission of blood bourne and other pathogens from both recognized and unrecognized sources.
d) The practice of avoiding contact with bodily fluids, by means of wearing of nonporous articles such as gloves, goggles, and face shields.

543. Except which procedure must all individuals providing nursing care must be competent at?

a) Hand hygiene
b) Use of protective equipment
c) Disposal of waste
d) Aseptic technique

544. Which client has the highest risk for a bacteraemia?

A. Client with a peripherally inserted central catheter (PICC) line
B. Client with a central venous catheter (CVC)
C. Client with an implanted infusion port
D. Client with a peripherally inserted intravenous line

545. In infection control, what is a pathogen?

A) A micro-organism that is capable of causing infection, especially in vulnerable individuals, but not normally in healthy ones.
B) Micro-organisms that are present on or in a person but not causing them any harm.
C) Indigenous microbiota regularly found at an anatomical site.
D) Antibodies recruited by the immune system to identify and neutralize foreign objects like bacteria and viruses.

546. When disposing of waste, what colour bag should be used to dispose of offensive/ hygiene waste?

a) Orange
b) Yellow
c) Yellow and black stripe
d) Black

547. Before giving direct care to the patient, u should

A) Wear mask, aprons
B) Wash hands with alchohol rub
C) Handwashing using 6 steps
D) Take all standard precautions

548. What infection is thought to be caused by prions?

a) Leprosy
b) Pneumocystis jirovecii
c) Norovirus
d) Creutzfeldt Jakob disease
e) None of the above

549. For which of the following modes of transmission is good hand hygiene a key preventative measure?

A. Airborne
B. Direct contact
C. Indirect contact
D. All of the above

550. If a patient requires protective isolation, which of the following should you advise them to drink?

a) Filtered water only
b) Fresh fruit juice and filtered water
c) Bottled water and tap water
d) Tap water only
e) long-life fruit juice and filtered water

551. Examples of offensive/hygiene waste which may be sent for energy recovery at energy from waste facilities can include:

a) Stoma or catheter bags - The Management of Waste from health, social and personal care -RCN
b) Unused non-cytotoxic/cytostatic medicines in original packaging
c) Used sharps from treatment using cytotoxic or cytostatic medicines
d) Empty medicine bottles

552. The use of an alcohol-based hand rub for decontamination of hands before and after direct patient contact and clinical care is recommended when:

a) Hands are visibly soiled
b) Caring for patients with vomiting or diarrhoeal illness, regardless of whether or not gloves have been worn
c) Immediately after contact with body fluids, mucous membranes and non-intact skin

553. You are told a patient is in "source isolation". What would you do & why?

a) Isolating a patient so that they don't catch any infections
b) Nursing an individual who is regarded as being particularly vulnerable to infection in such a way as to minimize the transmission of potential pathogens to that person.
c) Nursing a patient who is carrying an infectious agent that may be risk to others in such a way as to minimize the risk of the infection spreading elsewhere in their body.
d) Nurse the patient in isolation, ensure that you wear apprpriate personal protective equipment (PPE) & adhere to strict hygiene ,for the purpose of preventing the spread of organism from that patient to others.

554. If you were told by a nurse at handover to take “standard precautions” what would you expect to be doing?

a) Taking precautions when handling blood & ‘high risk’ body fluids so that you don’t pass on any infection to the patient.
b) Wearing gloves, aprons & mask when caring for someone in protective isolation to protect yourself from infection
c) Asking relatives to wash their hands when visiting patients in the clinical setting
d) Using appropriate hand hygiene, wearing gloves & aprons when necessary, disposing of used sharp instruments safely & providing care in a suitably clean environment to protect yourself & the patients

555. Under the Yellow Card Scheme you must report the following: (Select x 2 correct answers)

a) Faulty brakes on a wheelchair
b) Suspected side effects to blood factor, except immunoglobulin products
c) Counterfeit or fake medicines or medical devices

556. Where will you put infectious linen?

a) red plastic bag designed to disintegrate when exposed to heat
b) red linen bag designed to hold its integrity even when exposed to heat
c) yellow plastic bag for disposal

557. What would make you suspect that a patient in your care had a urinary tract infection?

a) The doctor has requested a midstream urine specimen.
b) The patient has a urinary catheter in situ, and the patients wife states that he seems more forgetful than usual.
c) The patient has spiked a temperature, has a raised white cell count (WCC), has new-onset confusion and the urine in his catheter bag is cloudy.
d) The patient has complained of frequency of faecal elimination and hasn't been drinking enough.

558. Which of the following would indicate an infection?

a) Hot, sweaty, a temperature of 36.5°C, and bradycardic.
b) Temperature of 38.5°C, shivering, tachycardia and hypertensive.
c) Raised WBC, elevated blood glucose and temperature of 36.0°C.
d) Hypotensive, cold and clammy, and bradycardic.

559. A client was diagnosed to have infection. What is not a sign or symptom of infection?

a) A temperature of more than 38°C
b) warm skin
c) Chills and sweats
d) Aching muscles

560. Mrs. Smith is receiving blood transfusion after a total hip replacement operation. After 15 minutes, you went back to check her vital signs and she complained of high temperature and loin pain. This may indicate:

a) Renal Colic
b) Urine Infection
c) Common adverse reaction
d) Serious adverse reaction

561. As an infection prevention and control protocol, linens soiled with infectious bodily fluids should be disposed of in what means?

a) Placed in yellow plastic bag to be disposed of
b) Placed in dissolvable red linen bag and washed at high temperature
c) Placed in yellow linen bag, and washed at high temperature
d) Placed in red plastic bag to be incinerated at high temperature

562. What percentage of patients in hospital in England, at the time of the 2011 National Prevalence survey, had an infection?

a) 4.6%
b) 6.4%
c) 14%
d) 16%

563. How to take an infected sheet for washing according to UK standard

a) Take infected linen in yellow bag for disposal
b) Take in red plastic bag, that disintegrates in high temperature
c) Use red linen bag that allows washing in high temperatures
d) Use a white bag

564. There has been an outbreak of the Norovirus in your clinical area. Majority of your staff have rang in sick. Which of the following is incorrect?

a.) Do not allow visitors to come in until after 48h of the last episode

b.) Tally the episodes of diarrhoea and vomiting
c.) Staff who has the virus can only report to work 48h after last episode
d.) Ask one of the staff who is off-sick to do an afternoon shift on same day

565. One of your patients in bay 1 having episodes of vomiting in the last 2 days now. The Norovirus alert has been enforced. The other patients look concerned that he may spread infection. What is your next action in the situation?

a) Seek the infection control nurse's advice regarding isolation
b) Give the patient antiemetic to control the vomiting
c) Offer the patient a lot of drinks to rehydrated
d) Tell the other patients that vomiting will not cause infection to others

566. Infected linen should be placed in:

a) Red plastic bag that disintegrates at high temperature
b) Red linen bag that can withstand high temperatures
c) White linen bag that can withstand high temperatures
d) Yellow plastic bag that cannot withstand high temperatures.

567. When do you wear clean gloves?

a) Assisting with bathing
b) Feeding a client
c) When there is broken skin on hand
d) Any activity which includes physical touch of a client

568. The nurse needs to validate which of the following statements pertaining to an assigned client?

a) The client has a hard, raised, red lesion on his right hand.
b) A weight of 185 lbs. is recorded in the chart
C. The client reported an infected toe
D. The client's blood pressure is 124/70. It was 118/68 yesterday.

569. Which bag do you place infected linen?

a) water-soluble alginate polythene bag before being placed in the appropriate linen bag, no more than ¾ full
b) orange waste bag, before being placed in the appropriate linen bag, no more than ¾ full
c) white linen bag, after sorting, no more than ¾ full

570. Under the Yellow Card Scheme you must report the following: (Select x 2 correct answers)

A. Faulty brakes on a wheelchair
B. Suspected side effects to blood factor, except immunoglobulin products
C. Counterfeit or fake medicines or medical devices
D. Ascites and increased vascular pattern on the skin

571. For which type of waste should orange bags be used?

a) Waste that requires disposal by incineration
b) Offensive/hygiene waste
c) Waste which may be 'treated
d) Offensive waste

572. Jenny, a nursing assistant working with you in an Elderly Care Ward is showing signs of norovirus infection. Which of the following will you ask her to do next?

A. Go home and avoid direct contact with other people and preparing food for others until at least 48 hours after her symptoms have disappeared
B. Disinfect any surfaces or objects that could be contaminated with the virus
C. Flush away any infected faeces or vomit in the toilet and clean the surrounding toilet area
D. Avoid eating raw oysters

573. Mrs X had developed Steven-Johnson syndrome whilst on Carbamazepine. She is now being transferred for the ITU to a bay in the Medical ward. Which patient can Mrs X share a baby with?

a) a patient with MRSA

b) a patient with diarrhoea
c) a patient with a fever of unknown origin
d) a patient with Stephen Johnson Syndrome

574. Which of the following are not signs of a speed shock?

a) Flushed face
b) Headache and dizziness
c) Tachycardia and fall in blood pressure
d) Peripheral oedema

575. Which is not a sign or symptom of speed shock?

a) Headache
b) A tight feeling in the chest
c) Irregular pulse
d) Cyanosis

576. While giving an IV infusion your patient develops speed shock. What is not a sign and symptom of this?

A. Circulatory collapse
B. Peripheral oedema
C. Facial flushing
D. Headache

577. Signs of hypovolemic shock would include all except:

a) restlessness, anxiety or confusion
c) shallow respiratory rate, becoming weak
d) rising pulse rate
e) low urine output of <0.5 mL/kg/h E. pallor (pale, cyanotic skin) and later sweating

578. What are the signs and symptoms of shock during early stage (stage 1-3)?

a) hypoxemia
b) tachycardia and hyperventilation
c) hypotension
d) acidosis

579. All <u>but one</u> are signs of anaphylaxis:

a) itchy skin or a raised, red skin rash
b) swollen eyes, lips, hands and feet
c) hypertension and tachycardia
d) abdominal pain, nausea and vomiting

580. Which of the following are signs of anaphylaxis?

a) swelling of tongue and rashes
b) dyspnoea, hypotension and tachycardia
c) hypertension and hyperthermia
d) cold and clammy skin

581. You were asked by the nursing assistant to see Claudia whom you have recently given trimetophrim 200 mgs PO because of urine infection. When you arrived at her bedside, she was short of breath, wheezy and some red patches evident over her face. Which of the following actions will you do if you are suspecting anaphylaxis?

a) call for help and give oxygen
b) give oxygen and salbutamol nebs if prescribed and call for help
c) give oxygen, administer adrenaline 500 mcg IM, give salbutamol nebs if prescribed and call for help
d) call for help, give oxygen, administer adrenaline 500 mcg IM, give salbutamol nebs if prescribed.

582. A patient has collapsed with an anaphylactic reaction. What symptoms would you expect to see?

a) The patient will have a low blood pressure (hypotensive) and will have a fast heart rate (tachycardia) usually associated with skin and mucosal changes.
b) The patient will have a high blood pressure (hypertensive) and will have a fast heart rate (tachycardia).

c) The patient will quickly find breathing very difficult because of compromise to their airway or circulation. This is accompanied by skin and mucosal changes
d) The patient will experience a sense of impending doom, hyperventilate and be itchy all over

583. What are the signs and symptoms of shock during early stage (stage 1-3)? (CHOOSE 3 ANSWERS)

A. hypoxemia
B. tachycardia and hyperventilation
C. hypotension
D. Acidosis

584. After lumbar puncture, the patient experienced shock. What is the etiology behind it?

a) Increased ICP
b) Headache
c) Side effect of medications
d) CSF leakage

585. A patient has collapsed with an anaphylactic reaction. What symptoms would you expect to see?

a) The patient will have a low blood pressure (hypotensive) & will have a fast heart rate (tachycardia) usually associated with skin & mucosal changes
b) The patient will have a high blood pressure (hypertensive) & will have a fast heart rate (tachycardia)
c) The patient will quickly find breathing very difficult because of compromise to their airway or circulation. This is accompanied by skin & mucosal changes
d) The patient will experience a sense of impending doom, hyperventilate & be itchy all over

586. Leonor, 72 years old patient is being treated with antibiotics for her UTI. After three days of taking them, she developed diarrhoea with blood stains. What is the most possible reason for this?

a) Antibiotics causes chronic inflammation of the intestine
b) An anaphylactic reaction
c) Antibiotic alters her GI flora which made Clostridium-difficile to multiply
d) she is not taking the antibiotics with food

587. The following are signs & symptoms of hypovolemic shock, except:

a) Confusion
b) Rapid heart rate
c) Strong pulse
d) Decrease Blood Pressure

588. Signs and symptoms of septic shock?

a) Tachycardia, hypertension, normal WBC, non pyrexial
b) Tachycardia, hypotension, increased WBC, pyrexial
c) Tachycardia, , increased WBC, normotension, non pyrexial
d) Decreased heart rate, decreased blood pressure, normal WBC and pyrexial

589. Which of the following is not a criteria for anaphylactic reaction:

a) Sudden onset and rapid progression of symptoms
b) life threatening airway and/ or breathing and/or circulation problems
c) skin and/or mucosal changes (flushing, urticaria and angioedema)
d) skin and mucosal changes only
e) A and B only
f) all of the above
e) A, B and C

590. Mrs X was taken to the Accident and Emergency Unit due to anaphylactic shock. The treatment for Mrs X will depend on the following <u>except</u>:

a.) Location
b.) Number of Responders
c.) Equipment and Drugs available
d.) Triage system in the A&E

591. Mark, 48 years old, has been exhibiting signs and symptoms of anaphylactic reaction. You want to make sure that he is in a comfortable position. Which of the following should you consider?

a) Mark should be sat up if he is experiencing airway and breathing problems.
b) Mark should be lying on his back if he is assessed to be breathing and unconscious.
c) Mark should be sat up if his blood pressure is too low.
d) Mark should be encouraged to stand up if he feels faint.

592. The following are ways to remove factors that trigger anaphylactic reaction except for one.

a) It is not recommended to make the patient should not be forced to vomit after food-induced anaphylaxis.
b) Definitive treatment should not be delayed if removing a trigger is not feasible.
c) Any drug suspected of causing an anaphylactic reaction should be stopped.
d) After a bee sting, do not touch the stinger for about a maximum of 3 hours.

593. Mrs Smith has been assessed to have a cardiac arrest after anaphylactic reaction to a medication. Cardiopulmonary Resuscitation (CPR) was started immediately. According to the Resuscitation Council UK, which of the following statements is true?

a.) Intramuscular route administration of adrenaline is always recommended during cardiac arrest after anaphylactic reaction.
b.) Intramuscular route for adrenaline is not recommended during cardiac arrest after anaphylactic reaction.
c.) Adrenaline can be administered intradermally during cardiac arrest after anaphylactic reaction.
d.) None of the Above

594. An Eight year old girl with learning disabilities is admitted for a minor surgery, she is very restless and agitated and wants her mother to stay with her, what will you do?

A. Advice the mother to stay till she settles.
b. Act according to company policy
c. Tell her you will take care of the child
d. Inform the Doctor

595. What is meant by 'Gillick competent'?

A. Children under the age of 12 who are believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment.
B. Children under the age of 16 who are believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment
C. Children under the age of 18 who are believed not to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment.
D. Children under the lawful age of consent who are believed not to have enough intelligence, competence and understanding to

596. When communicating with children, what most important factor should the nurse take into consideration?

a) Developmental level
b) Physical development
c) Nonverbal cues
d) Parental involvement

597. Normal heart rate for 1 to 2 years old?

a) 80 - 140 beats per minute
b) 80 - 110 beats per minute
c) 75 - 115 beats per minute

598. Which of the following is an average heart rate of a 1-2 year old child?

a) 110-120 bpm
b) 60-100 bpm
c) 140-160 bpm
d) 80-120 bpm

599. You are assisting a doctor who is trying to assess and collect information from a child who does not seem to understand all that the doctor is telling and is restless. What will be your best response?

a) Stay quiet and remain with the doctor

b) Interrupt the doctor and ask the child the questions
c) Remain with the doctor and try to gain the confidence of the child and politely assess the child's level of understanding and help the doctor with the information he is looking for
d) Make the child quiet & ask his mother to stay with him

600. Recognition of the unwell child is crucial. The following are all signs and symptoms of respiratory distress in children EXCEPT:

a) Lying supine
b) Nasal flaring
c) Intercostal and sternal recession
d) adopting an upright position

601. As you visit your patient during rounds, you notice a thin child who is shy and not mingling with the group who seemed to be visitors of the patient. You offered him food but his mother told you not to mind him as he is not eating much while all of them are eating during that time. As a nurse, what will you do?

a) inform social service desk on suspected case of child neglect
b) ignore incident since the child is under the responsibility of the mother
c) raise the situation to your head nurse and discuss with her what intervention might be done to help the child

602. There is a child you are taking care of at home who has a history of anaphylactic shock from certain foods, the nurse is feeding him lunch, he looks suddenly confused, breathless and acting different, the nurse has access to emergency drugs access and the mobile phone, what will she do?

a) She will keep the child awake by talking to him and call 911 for help
b) She will raise the child's legs and administer Adrenaline and call the emergency services
c) The nurse will keep the child in standing position and try to reassure the child

603. You are about to administer Morphine Sulfate to a paediatric patient. The information written on the controlled drug book was not clearly written – 15 mg or 0.15 mg. What will you do first?

a. Not administer the drug, and wait for the General Practitioner to do his rounds
b. Administer 0.15 mg, because 15 mg is quite a big dose for a paediatric patient

c. Double check the medication label and the information on the controlled drug book; ring the chemist to verify the dosage
d. Ask a senior staff to read the medication label with you

604. Management of moderate malnutrition in children?

a) supplimentary nutrition
b) immediate hospitalization
c) weekly assessment
d) document intake for three days

605. You saw a relative of a client has come with her son, who looks very thin, shy & frightened. You serve them food, but the mother of that child says "don't give him, he eats too much". You should:

a) Raise your concern with your nurse manager about potential for child abuse & ask for her support
b) Ignore the mother & ask the relative if the child is abused.
c) Ignore the mother's advice & serve food to the child.
d) Ignore the situation as she is the mother & knows better about her child.

606. U just joined in a new hospital. U see a senior nurse beating a child with learning disability. Ur role

a) Neglect the situation as u r new to the scenario
b) Intervene at the spot, speak directly to the senior in a non-confronting manner, and report to management in writing
c) Inform the ward in-charge after the shift

607. A nurse finds it very difficult to understand the needs of a child with learning disability. She goes to other nurses and professionals to seek help. How u interpret this action

a) The nurse is short of self confidence
b) A nurse, who is well aware of her limitations seeked help from others. She worked within her competency.
c) She doesn’t have the kind of courage a nurse should have

608. Monica is going to receive blood transfusion. How frequently should we do her observation?

A) Temperature and Pulse before the blood transfusion begins, then every hour, and at the end of bag/unit

B) Temperature, pulse, blood pressure and respiration before the blood transfusion begins, then after 15 min, then as indicated in local guidelines, and finally at the end of bag/unit.
C) Temperature, pulse, blood pressure and respiration and urinalysis before the blood transfusion, then at end of bag.
D) Pulse, blood pressure and respiration every hour, and at the end of the bag

609. A mentally capable client in a critical condition is supposed to receive blood transfusion. But client strongly refuses the blood product to be transfused. What would be the best response of the nurse?

a) Accept the client's decision and give information on the consequences of his actions
b) Let the family decide
c) Administer the blood product against the patients decision
d) The doctor will decide

610. Fred is going to receive a blood transfusion. How frequently should we do his observations?

a) Temperature and pulse before the blood transfusion begins, then every hour, and at the end of bag/unit.
b) Temperature, pulse, blood pressure and respiration before the blood transfusion begins, then after 15 minutes, then as indicated in local guidelines, and finally at the end of the bag/unit.
c) Temperature, pulse, blood pressure and respiration and urinalysis before the blood transfusion, then at end of bag.
d) Pulse, blood pressure and respiration every hour, and at the end of the bag.

611. Patient developed elevated temperature and pain in the loin during blood transfusion. This is indicative of:

a) Severe blood transfusion reaction
b) Common blood transfusion reaction

612. Mrs. Smith is receiving blood transfusion after a total hip replacement operation. After 15 minutes, you went back to check her vital signs and she complained of high temperature and loin pain. This may indicate:

a) Renal Colic
b) Urine Infection
c) Common adverse reaction
d) Serious adverse reaction

613. During blood transfusion, a patient develops pyrexia, and loin pain. Rn interprets the situation as

a) Common reaction to transfusion
b) Adverse reaction to blood transfusion
c) Patient has septicaemia

614. What are the steps of the nursing Process?

a) Assessing, diagnosing, planning, implementing, and evaluating
b) Assessing, planning, implementing, evaluating, documenting
c) Assessing, observing, diagnosing, planning, evaluating
d) Assessing, reacting, implementing, planning, evaluating

615. What is clinical benchmarking?

A. The practice of being humble enough to admit that someone else is better at something and being wise enough to try to learn how to match and even surpass them at it.
B. A systematic process in which current practice and care are compared to, and amended to attain, best practice and care
C. A system that provides a structured approach for realistic and supportive practice development
D. All of the above

616. Where is revision on the nursing process done? During:

a) Diagnosis
b) Planning
c) Implementation
d) Evaluation

617. What does intermediate care not consist of?

a) Maximise dependent living
b) Prevent unnecessary acute hospital admission
c) Prevent premature admission to long-term residential care
d) Support timely discharge form hospital

618. A nurse documents vital signs without actually performing the task. Which action should the charge nurse take after discussing the situation with the nurse?

a) Charge the nurse with malpractice
b) Document the incident
c) Notify the board of nursing
d) Terminate employment

619. The nurse has made an error in documenting client care. Which appropriate action should the nurse take?

a) Draw a line through error, initial, date and document correct information
b) Document a late addendum to the nursing note in the client's chart
c) Tear the documented note out of the chart
d) Delete the error by using whiteout

620. Hospital discharge planning for a patient should start:

A. When the patient is medically fit
B. On the admission assessment
C. When transport is available

621. What is comprehensive nursing assessment?

a) It provides the foundation for care that enables individuals to gain greater control over their lives and enhance their health status.
b) An in-depth assessment of the patient's health status, physical examination, risk factors, psychological and social aspects of the patient's health that usually takes place on admission or transfer to a hospital or healthcare agency.
c) An assessment of a specific condition, problem, identified risks or assessment of care; for example, continence assessment, nutritional assessment, neurological assessment following a head injury, assessment for day care, outpatient consultation for a specific condition.
d) It is a continuous assessment of the patient's health status accompanied by monitoring and observation of specific problems identified.

622. When do you plan a discharge?

a) 24 hrs within admission

b) 72 hrs within admission
c) 48 hrs within admission
d) 12 hrs within admission

623. All but one describes holistic care:

A. A system of comprehensive or total patient care that considers the physical,
emotional, social, economic, and spiritual needs of the person; his or her response to illness; and the effect of the illness on the ability to meet self-care needs.
B. It embraces all nursing practice that has enhancement of healing the whole person from birth to death as it's goals.
C. An all nursing practice that has healing the person as its goal.
D. It involves understanding the individual as a unitary whole in mutual process with the environment.

624. Nursing process is best illustrated as:

A. Patient with medical diagnosis
B. task oriented care
C. Individualized approach to care
D. All of the above

625. Which statement is not correct about the nursing process?

a) An organised, systematic and deliberate approach to nursing with the aim of improving standards in nursing care.
b) It uses a systematic, holistic, problem solving approach in partnership with the patient and their family.
c) It is a form of documentation.
d) It requires collection of objective data.

626. Which of the following sets of needs should be included in your service user's person centred care plan?

a) social, spiritual and academic needs
b) medical, psychological and financial needs
c) physical, medical, social, psychological and spiritual needs
d) a and b only
e) all of the above?

627. A nurse explains to a student that the nursing process is a dynamic process. Which of the following actions by the nurse best demonstrates this concept during the work shift?

a) Nurse and client agree upon health care goals for the client
b) Nurse reviews the client's history on the medical record
c) Nurse explains to the client the purpose of each administered medication
d) Nurse rapidly reset priorities for client care based on a change in the client's condition

628. The rehabilitation nurse wishes to make the following entry into a client's plan of care: "Client will re-establish a pattern of daily bowel movements without straining within two months." The nurse would write this statement under which section of the plan of care?

A) Long-term goals
B) Short-term goals
C) Nursing orders
D) Nursing dianosis/problem list

629. Nursing process is best illustrated as:

a) Patient with medical diagnosis
b) task oriented care
c) Individualized approach to care
d) All of the above

630. In caring for a patient, the nurse should?

a) whenever possible provide care that is culturally sensitive and according to patients preference
b) ask the patient and their family about their culture
c) be aware of the patient’s culture
d) disregard the patient’s culture

631. All individuals providing nursing care must be competent at which of the following procedures?

a) Hand hygiene and aseptic technique
b) Aseptic technique only
c) Hand hygiene, use of protective equipment, and disposal of waste
d) Disposal of waste and use of protective equipment
e) All of the above

632. Nursing care should be

a) Task oriented
b) Caring medical and surgical patient
c) Patient oriented, individualistic care
d) All

633. The client reports nausea and constipation. Which of the following would be the priority nursing action?

A. Collect a stool sample
B. Complete an abdominal assessment
C. Administer an anti-nausea medication
D. Notify the physician

634. Hospital discharge planning for a patient should start:

a) When the patient is medically fit
b) On the admission assessment
c) When transport is available

635. Which of the following descriptors is most appropriate to use when stating the "problem" part of nursing diagnosis?

a) Oxygenation saturation 93%
b) Output 500 ml in 8 hours
c) Anxiety

d) Grimacing

636. When do you see problems or potential problems?

A. Assessment
B. Planning
C. Implementation
D. Evaluation

637. A walk-in client enters into the clinic with a chief complaint of abdominal pain and diarrhea. The nurse takes the client's vital sign hereafter. What phrase of nursing process is being implemented here by the nurse?

A) Assessment
B) Diagnosis
C) Planning
D) Implementation

638. How do you value dignity & respect in nursing care? Select which does not apply:

A. We value every patient, their families or carers, or staff.
B. We respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits.
C. We find time for patients, their families and carers, as well as those we work with.
D. We are honest and open about our point of view and what we can and cannot do.

639. Which of the following items of subjective client data would be documented in the medical record by the nurse?

A. Client's face is pale
B. Cervical lymph nodes are palpable
C. Nursing assistant reports client refused lunch
D. Client feel nauseated

640. How the nurse assesses the quality of care given

A) reflective process

b) clinical bench marking
c) peer and patient response
d) all the above

641. What are the professional responsibilities of the qualified nurse in medicines management?

a) Making sure that the group of patients that they are caring for receive their medications on time. If they are not competent to administer intravenous medications, they should ask a competent nursing colleague to do so on their behalf.
b) The safe handling and administration of all medicines to patients in their care. This includes making sure that patients understand the medicines they are taking, the reason they are taking them and the likely side effects.
c) Making sure they know the names, actions, doses and side effects of all the medications used in their area of clinical practice.
d) To liaise closely with pharmacy so that their knowledge is kept up to date.

642. Who has the overall responsibility for the safe and appropriate management of controlled drugs within the clinical area?

a) All registered nurses
b) The nurse in charge
c) The consultant
d) All staff

643. What are the key reasons for administering medications to patients?

a) To provide relief from specific symptoms, for example pain, and managing side effects as well as therapeutic purposes.
b) As part of the process of diagnosing their illness, to prevent an illness, disease or side effect, to offer relief from symptoms or to treat a disease
c) As part of the treatment of long term diseases, for example heart failure, and the prevention of diseases such as asthma.
d) To treat acute illness, for example antibiotic therapy for a chest infection, and side effects such as nausea.

644. You were on your medication rounds and the emergency alarm goes off. What will you do first?

a.) Lock your trolley
b.) Rush to your patient's bedroom
c.) Check first if everyone had their meds
d.) a and c

645. What are the most common types of medication error?

a) Nurses being interrupted when completing their drug rounds, different drugs being packaged similarly and stored in the same place and calculation errors.
b) Unsafe handling and poor aseptic technique.
c) Doctors not prescribing correctly and poor communication with the multidisciplinary team.
d) Administration of the wrong drug, in the wrong amount to the wrong patient, via the wrong route

646. Registrants must only supply and administer medicinal products in accordance with one or more of the following processes, except:

a) Carer specific direction (CSD)
b) Patient medicines administration chart (may be called medicines administration record MAR)
c) Patient group direction (PGD)
d) Medicines Act exemption

647. Independent and supplementary nurse and midwife are those who are?

a) nurse and midwife student who cleared medication administration exam
b) nurses and midwives educated in appropriate medication prescription for certain pharmaceuticals
c) registrants completed a programme to prescribe under community nurse practitioner's drug formulary
d) nurses and midwives whose name is entered in the register

648. Which of the following people is not exempted from paying a prescribed medication?

a) children under the age of 16
b) women of child bearing age
c) people who are receiving support allowance
d) pensioners of age 65 and above

649. As a RN when you are administering medication, you made an error. Taking health and safety of the patient into consideration, what is your action?

a) Call the prescriber. Report through yellow card scheme and document it in patient notes

b) Let the next of kin know about this and document it
c) Document this in patient notes and inform the line manager
d) Assess for potential harm to client, inform the line manager and prescriber and document in patient notes

650. You noticed that a colleague committed a medication administration error. Which should be done in this situation?

A. You should provide a written statement and also complete a Trust incident form.
B. You should inform the doctor.
C. You should report this immediately to the nurse in charge.
D. You should inform the patient.

651. The nurses on the day shift report that the controlled drug count is incorrect. What is the most appropriate nursing action?

A. Report the discrepancy to the nurse manager and pharmacy immediately
B. Report the incident to the local board of nursing
C. Inform a doctor
D. Report the incident to the NMC

652. Which of the following is not a part of the 6 rights of medication administration?

A. Right time
B. Right route
C. Right medication
D. Right reason

653. nOne of the following is not true about a delegation responsibility of a medication registrant:

a) Nurses are accountable to ensure that the patient, carer or care assistant is competent to carry out the task.
b) Nurses can delegate medication administration to student nurses / nurses on supervision.
c) Nurses can delegate medication administration to unregistered practitioners to assist in ingestion or application of the medicinal product.
d) All of the above

654. A patient approached you to give his medications now but you are unable to give the medicine. What is your initial action?

a) Inform the doctor
b) Inform your team leader
c) Inform the pharmacist
d) Routinely document meds not given

655. You were on a night shift in a ward and has been allocated to dispose controlled medications. Which of the following is correct?

a) Controlled drugs destruction and pharmacy stock check should be done at different times.
b.) Controlled drugs should be destroyed with the use of the Denaturing Kit.
c.) Excessive quantities of controlled drugs can be stored in the cupboard whilst waiting for destruction.
d.) None of the Above

656. General guidance for the storage of controlled drugs should include the following except:

a.) cupboards must be kept locked when not in use
b.) keys must only be available to authorised member of staff
c.) regular drugs can also be stored in the controlled drug storage
d.) the cupboard must be dedicated to the storage of controlled drugs

657. On checking the stock balance in the controlled drug record book as a newly qualified nurse, you and a colleague notice a discrepancy. What would you do?

a) Check the cupboard, record book and order book. If the missing drugs aren't found, contact pharmacy to resolve the issue. You will also complete an incident form.
b) Document the discrepancy on an incident form and contact the senior pharmacist on duty.
c) Check the cupboard, record book and order book. If the missing drugs aren't found the police need to be informed.
d) Check the cupboard, record book and order book and inform the registered nurse or person in charge of the clinical area. If the missing drugs are not found then inform the most senior nurse on duty. You will also complete an incident form.

658. You were running a shift and a pack of controlled drugs were delivered by the chemist/pharmacist whilst you were giving the morning medications. What would you do first?

a) keep the controlled drugs in the trolley first, then store it after you have done morning drugs
b) Count the controlled drugs, store them in controlled drug cabinet and record them on the controlled drug book
c) Count the controlled drugs, store them in the medication trolley and record them on the controlled drug book
d) Record them in the controlled drug book and delegate one of the carers to store them in the controlled drug cabinet

659. In a nursing and residential home setting, how will you manage your time and prioritise patients' needs whilst doing your medication rounds in the morning?

a. Start administering medications from the patient nearest to the treatment room.
b. Start administering medications to patients who are in the dining room, as this is where most of them are for breakfast.
c. Check the list of patients and identify the ones who have Diabetes Mellitus and Parkinson's disease.
d. All of the above.

660. After having done your medication rounds, you have realised that your patient has experienced the adverse effect of the drug. What will be your initial intervention?

a) You must do the physical observations and notify the General Practitioner.
b) You must ring the General Practitioner and request for a home visit.
c) You must administer medication from the Homely Remedy Pod after having spoken to the General Practitioner.
d) You must observe your patient until the General Practitioner arrives at your nursing home.

661. You are transcribing medications from prescription chart to a discharge letter. Before sending this letter what action must be taken?

a) A registrant should sign this letter
b) Transcribing is not allowed in any circumstances
c) The letter has to be checked by a nurse in charge
d) Letter can be sent directly to the patient after transcribing

662. A patient recently admitted to hospital, requesting to self-administer the medication, has been assessed for suitability at Level 2 This means that:

a) The registrant is responsible for the safe storage of the medicinal products and the supervision of the administration process ensuring the patient understands the medicinal product being administered
b) The patient accepts full responsibility for the storage and administration of the medicinal products

c) None of the above - The registrant is responsible for the safe storage of the medicinal products. At administration time, the patient will ask the registrant to open the cabinet or locker. The patient will then self-administer the medication under the supervision of the registrant

663. What are the potential benefits of self-administration of medicines by patients?

a) Nurses have more time for other aspects of patient care and it therefore reduces length of stay.
b) It gives patients more control and allows them to take the medications on time, as well as giving them the opportunity to address any concerns with their medication before they are discharged home.
c) Reduces the risk of medication errors, because patients are in charge of their own medication.
d) Creates more space in the treatment room, so there are fewer medication errors

664. The MARS says that Benedict is on TID Macrogol. You have notice that the nurses have been writing "A" for refused. What do you do?

a.) Write "A" on the MARS, because Benedict is expected to refuse it.
b.) Offer the Macrogol, and write "A" if the patient refuses it.
c.) Check bowel charts and cancel Macrogol on MARS if bowels are fine.
d.) Change the prescription to PRN.

665. A patient is rapidly deteriorating due to drug over dose what to do?

A. Assess ABCDE, call help, keep anaphylactic kit
B. Call for help, keep anaphylactic kit, assess ABCDE
C. Assess ABCDE, keep anaphylactic kit, inform doctor, call for help

666. patient bring own medication to hospital and wants to self-administer what is your role ? allow him

a) give medications back to relatives to take back
b) keep it in locker, use from medication trolley
c) explain to patient about medication before he administer it

667. A client experiences an episode of pulmonary oedema because the nurse forgot to administer the morning dose of furosemide (Lasix). Which legal element can the nurse be charged with?

e) Assault
f) Slander
g) Negligence
h) tort

668. As a newly qualified nurse, what would you do if a patient vomits when taking or immediately after taking tablets?

A. Comfort the patient, check to see if they have vomited the tablets, & ask the doctor to prescribe something different as these obviously don't agree with the patient
B. Check to see if the patient has vomited the tablets & if so, document this on the prescription chart. If possible, the drugs may be given again after the administration of antiemetics or when the patient no longer feels nauseous. It may be necessary to discuss an alternative route of administration with the doctor
C. In the future administer antiemetics prior to administration of all tablets
D. Discuss with pharmacy the availability of medication in a liquid form or hide the tablets in food to take the taste away.

669. A newly admitted client refusing to handover his own medications and this includes controlled drugs. What is your action?

a) You have to take it any way and document it
b) Call the doctor and inform about the situation
c) Document this refusal as these medications are his property and should not do anything without his consent
d) Refuse the admission as this is against the policy

670. What medications would most likely increase the risk for fall?

a) Loop diuretic
b) Hypnotics
c) Betablockers
d) Nsaids

671. Tony is prescribed Lanoxin 500 mcg PO. What vital sign will you asses prior to giving the drug?

a) heart rate and rhythm
b) respiration rate and depth
c) temperature

d) urine output

672. Patient has next dose of Digoxin but has a CR=58

a) Omit dose, record why, and inform the doctor
b) Give dose and tell the doctor
c) Give dose as prescribed

673. Which drug to be avoided by a patient on digoxin?

a) corticosteroid
b) nsaid

674. Which of the following should be considered before giving digoxin?

a) Allergies
b) Drug interactions
c) Other interactions with food or substances like alcohol and tobacco
d) Medical problems (Thyroid problems, kidney disease, etc.
e) All of the above.

675. Which of these medications is not administer with digoxin?

a) Diuretics
b) Corticosteroids
c) Antibiotics
d) NSAID's

676. Which of the following should be considered before giving digoxin?

1. Allergies
2. Drug interactions
3. Other interactions with food or substances like alcohol and tobacco
4. Medical problems (Thyroid problem, Kidney disease, etc.)

A. 1&2
B. 3&4
C. 1, 3, & 4
D. All of the above

677. The nurse monitors the serum electrolyte level of a client who is taking digoxin. Which of the following electrolytes imbalances is common cause of digoxin toxicity?

a) Hypocalcemia
b) Hypomagnesemia
c) Hypokalaemia
d) Hyponatremia

678. Your patient has been prescribed Tramadol 50 mgs tablet for pain relief.

a. Record this in the controlled drug register book with the pharmacist witnessing
b. Put it in the patient's medicine pod
c. Store it in ward medicine cupboard
d. Ask the pharmacist to give it to the patient

679. You have been asked to give Mrs Patel her mid-day oral metronidazole. You have never met her before. What do you need to check on the drug chart before you administered?

a) Her name and address, the date of the prescription and dose.
b) Her name, date of birth, the ward, consultant, the dose and route, and that it is due at 12.00.
c) Her name, date of birth, hospital number, if she has any known allergies, the prescription for metronidazole: dose, route, time, date and that it is signed by the doctor, and when it was last given
d) Her name and address, date of birth, name of ward and consultant, if she has any known allergies specifically to penicillin, that prescription is for metronidazole: dose, route, time, date and that it is signed by the doctor, and when it was last given and who gave it so you can check with them how she reacted.

680. You are caring for a Hindu client and it's time for drug administration; the client refuses to take the capsule referring to the animal product that might have been used in its making, what is the appropriate action for the nurse to perform?

a) She will not administer and document the ommissions in the patients chart

b) The nurse will ignore the clients request and administer forcebily
c) The nurse will open the capsule and administer the powdered drug
d) The nurse will establish with the pharamacist if the capsule is suitable for vegetarians

681. John, 18 years old is for discharge and will require further dose of oral antibiotics. As his nurse, which of the following will you advise him to do?

a) Take with food or after meals and ensure to take all antibiotics as prescribed
b) Take all antibiotics and as prescribed
c) Take medicine during the day and ensure to finish the course of medication
d) Take medicine and stop when he feels better

682. When should prescribed antibiotics to be administered to a septicemic patient

a) Immediately after admission
b) After getting blood culture result
c) Immediately following blood drawn for culture

683. You are the named nurse of Colin admitted at Respiratory ward because of chest infection. His also suffers from Parkinson's syndrome. What medications will you ensure Colin has taken on regular time to control his 'shaking'?

a) Co-careldopa (Sinemet)
b) Co-amoxiclave (augmentin)
c) Co-codamol
d) Co-Q10

684. Your hospital supports the government's drive on breastfeeding. One of your patient being treated for urinary tract infection was visited by her husband and their 4 month old baby. She would like to breastfeed her baby. What advise will you give her?

a. it is ok to breastfeed as long as it is done privately
b. it is ok to breastfeed because the hospital supports this practice
c. refrain from breastfeeding as of now because of her UTI treatment
d. breast milk is the best and she can feed her baby anytime they visit

685. Describe the breathing pattern when a patient is suffering from Opioid toxicity:

A. Slow and shallow
B. fast and shallow
C. slow and deep
D. Fast and deep

686. What are the key nursing observations needed for a patient receiving opioids frequently?

a) Respiratory rate, bowel movement record and pain assessment and score.
b) Checking the patent is not addicted by looking at their blood pressure.
c) Lung function tests, oxygen saturations and addiction levels
d) Daily completion of a Bristol stool chart, urinalysis, and a record of the frequency with which the patient reports breakthrough pain

687. What advice do you need to give to a patient taking Allopurinol? (Select x 3 correct answers)

a) Drink 8 to 10 full glasses of fluid every day, unless your doctor tells you otherwise.
b) Store allopurinol at room temperature away from moisture and heat.
c) Avoid being near people who are sick or have infections
d) Skin rash is a common side effect, it will pass after a few days

688. What instructions should you give a client receiving oral Antibiotics?

a) Consume it all at once
b) take the antibiotic with glass of water
c) Take the medication with meals and consume all the antibiotics
d) take the medication as prescribed and complete the course

689. When the doc will prescribe a broad-spectrum antibiotic?

A) on admission
B) when septicemia is suspected
C) when the blood culture shows positive growth of organism

690. After two weeks of receiving lithium therapy, a patient in the psychiatric unit becomes depressed. Which of the following evaluations of the patient's behavior by the nurse would be MOST accurate?

a) The treatment plan is not effective; the patient requires a larger dose of lithium.
b) This is a normal response to lithium therapy; the patient should continue with the current treatment plan.
c) This is a normal response to lithium therapy; the patient should be monitored for suicidal behavior.
d) The treatment plan is not effective; the patient requires an antidepressant

691. Johan, 25 year old, was admitted at Medical Assessment Unit because of urine infection. During your assessment, he admitted using cannabis under prescription for his migraine and still have some in his bag. What is your best reply to him about the cannibis?

a) Cannibis is a class C drug under the UK Misuse of Drugs Act 1971.
b) A custodial sentence of 28 days i s now given to anyone in possession 3 times or more
c) Cannabis is a class B drug under the UK Misuse of Drugs Act 1971
d) Possession of cannabis will incur a penalty of 3 months imprisonment with £2 000 fine

692. A patient in your care is on regular oral morphine sulphate. As a qualified nurse, what legal checks do you need to carry out every time you administer it, which are in addition to those you would check for every other drug you administer?

a) Check to see if the patient has become tolerant to the medication so it is no longer effective as analgesia.
b) Check to see whether the patient has become addicted.
c) Check the stock of oral morphine sulphate in the CD cupboard with another registered nurse and record this in the control drug book; together, check the correct prescription and the identity of the patient.
d) Check the stock of oral morphine sulphate in the CD cupboard with another registered nurse and record this in the control drug book; then ask the patient to prove their identity to you

693. Which of the following drugs will require 2 nurses to check during preparation and administration?

a) oral antibiotics
b) glycerine suppositories
c) morphine tablet
d) oxygen

694. A patient was on morphine at hospital. On discharge doctor prescribes fentanyl patches. At home patient should be observed for which sign of opiate toxicity?

a) Shallow, slow respiration, drowsiness, difficulty to walk, speak and think
b) Rapid, shallow respiration, drowsiness, difficulty to walk, speak and think
c) Rapid wheezy respiration, drowsiness, difficulty to walk, speak and think

695. Manu is in persistent pain and has Oromorph PRN. All your carers are on their rounds, and you are about to administer this drug. What would you do?

a.) Dispense 10 mL Oromorph and administer immediately to relieve pain
b.) Dispense 10 mL Oromorph and call one of the carers to witness
c.) Call one of the carers to witness dispensing and administering the drug
696. d.) Administer the drug and ask one of the carers to sign the book after their pad rounds

697. Prothrombin time is essential during anticoagulation therapy. In oral anticoagulation therapy which test is essential?

a) Activated Thromboplastin Time - The partial thromboplastin time (PTT) test is a blood test that is done to investigate bleeding disorders and to monitor patients taking ananticlotting drug (heparin).
b) International Normalized Ratio - The Prothrombin time (PT) test, standardised as the INR test is most often used to check how well anticoagulant tablets such as warfarin and phenindione are working

698. Precise indicator of anticoagulation status when on oral anticoagulants

A) Ptt
B) aPTT
C) ct
D) INR

699. You are the named nurse of Mr Corbyn who has just undergone an abdominal surgery 4 hours ago. You have administered his regular analgesia 2 hours ago and he is still complaining of pain. Your most immediate, most appropriate nursing action?

a) call the doctor

b) assist patient in a comfortable position
c) give another dose
d) look for a heating pad

700. Mild pain after surgery and pain is reduced by taking which medicine

a)paracetamol
b)ibuprofen
c)paracetamol with codeine
d)paracetamol with morphine

701. John is also prescribed some medications for his Gout. Which of the following health teaching will you advise him to do?

a) Increase fluid intake 2 - 3 liters per day
b) Have enough sunshine
c) Avoid paracetamol (first line analgesic)
d) avoid dairy products

702. A patient doesn't take a tablet which is prescribed by a doc. Nurse should

a) Inform the incident to senior nurse and ward in charge
b) Inform pharmacist
c) Do not inform anybody…routinely chart

703. Oral corticosteriods side effect

a) mood variation
b) edema

704. On which step of the WHO analgesic ladder would you place tramadol and codeine?

a) Step 1: Non Opioid Drugs
b) Step 2: Opioids for Mild to Moderate Pain
c) Step 3: Opioids for Moderate to Severe Pain

d) Herbal medicine

705. What could be the reason why you instruct your patient to retain on its original container and discard nitroglycerine meds after 8 weeks?

A) removing from its darkened container exposes the medicine to the light and its potency will decrease after 8 weeks
B) it will have a greater concentration after 8weeks

706. A sexually active female , who has been taking oral contraceptives develops diarrohea. Best advice

a. Advise her to refrain from sex till next periods
b. Advice to switch to other measures like condoms, as diarrohea may reduce the effect of oral contraceptives

707. A patient is prescribed metformin 1000mg twice a day for his diabetes. While talking with the patient he states "I never eat breakfast so I take a ½ tablet at lunch and a whole tablet at supper because I don't want my blood sugar to drop." As his primary care nurse you:

A. Tell him he has made a good decision and to continue
B. Tell him to take a whole tablet with lunch and with supper
C. Tell him to skip the morning dose and just take the dose at supper
D. Tell him to take one tablet in the morning and one tablet in the evening as ordered

708. A Ibuprofen 200mg tablet has been prescribed. You only have a 400mg coated ibuprofen tablet. What should you do?

A. Give half of the tablet
B. crush the tablet and give half of the amount
C. order the different dose of tablet from pharmacy
D. omit

709. A patient develops shortness breath after administering 3rd dose of penicillin. The patient is unwell. Ur response

a) Call for help, ensure anaphylaxis pack is available, assess ABC, dnt leave the patient until medical help comes
b) Assesss ABC, make patient lie flat, reassure and continue observing

710. An antihypertensive medication has been prescribed for a client with HTN. The client tells the clinic nurse that they would like to take an herbal substance to help lower their BP. The nurse should take which action?

a) Tell the client that herbal substances are not safe & should never be used
b) Teach the client how to take their BP so that it can be monitored closely
c) Encourage the client to discuss the use of an herbal substance with the health care provider

711. Dennis was admitted because of acute asthma attack. Later on in your shift, he complained of abdominal pain and vomited. He asked for pain relief. Which of the following prescribed analgesia will you give him?

a) Fentanyl buccal patch
b) Ibuprofen enteric coated capsules
c) Paracetamol suppositories
d) Oromorphine

712. Mr Jones has been having Type 6 and 7 stools today. As you are doing his medications, which of the following would you not omit?

a.) Docusate Sodium 2 Capsules
b.) Lactulose 5 mL
c.) Senna 10 mL
d.) Simvastation 100 mg

713. You are the night nurse in a nursing home. Maxine, 81 years old, has been prescribed with Lorazepam PRN. You have assessed her to be wandering and talking to staff. When do you administer the Lorazepam?

a.) Immediately due to wandering
b.) As soon as possible so she can go to bed
c.) When you see signs of confusion
d.) When you see signs of agitation

714. Mrs Z has been very chesty the last few days. She has been having difficulty with breathing. You have referred her to the GP, and requested for a home visit. What would probably be prescribed by the GP?

a.) Stalevo 200
b.) Digoxin 40 mg
c.) Trimethoprim 100 mg
d.) Simvastatin 100 mg

715. Annie is on Cefalexin QID. You were working on a night shift and have noticed that the previous nurse has not signed for the last two doses. What should you do?

a.) **Document the incident and speak to your Manager**
b.) Check the rota, find out when he is back and leave a note on the MARS for him to sign
c.) Find out what the whistle blowing policy is about
d.) Ask the qualified nurse to sign it on handover if it is definitely been administered

Alan Smith has a history of Congestive Heart Failure. He has also been complaining of general weakness. After taking his physical observations, you have noticed that he has pitting oedema on both feet. Which of the following is incorrect?

a.) The Water Pill can be prescribed to manage fluid retention.
b.) Lasix can be prescribed for the pitting oedema.
c.) Furosemide and Digoxin can be combined for patients with CHF.
d.) Furosemide will increase Alan's blood pressure, and lessen pitting oedema.

716. Maria has ran out of Cavilon Cream. You have noted that her groins are very red and sore. You can see that David has spare Cavilon tubes after checking the stocks. What will you do?

a.) Borrow a tube from David's stock as Maria's groins are red and sore
b.) Use Canesten for now and apply Cavilon once stock has arrived
c.) Request for a repeat prescription from the GP, and have the stock delivered by the chemist
d.) Ring the GP and ask him to see Maria's groins, then prescribe Cavilon.

717. Cherry has been prescribed with Estradiol tablet to be inserted twice a week at night. You entered her bedroom and noticed she is fast asleep. What would you do?

a.) Try to gently wake her up and insert her vaginal tablets.

b.) Allow her to get some sleep and try to insert the vaginal tablet on your next turn rounds.
c.) Speak to her and ask her to spread her legs, so you can insert her vaginal tablet.
d.) Document that the tablet cannot be administered at all because the patient has refused.

718. What is the best position in applying eye medications?

a) Sitting position with head tilt to the right
b) Sitting position with head tilt backwards
c) Prone position with head tilt to the left

719. How should eye drops be administered?

A. Pulling on the lower eyelid and administering the eye drops
B. Pulling on the upper eyelid and administering the eye drops
C. Tip the patients head back and administer the eye drops into the cornea
D. Tip the patients head to the side and administer the eye drops into the nasolacrimal system

720. What fluid should ideally be used when irrigating eyes?

A. sterile 0.9% sodium chloride
B. Sterile water
C. Chloramphenicol drops
D. tap water

732. Select which is not a proper way of Administering Eye Drops?

a) Administer the prescribed number of drops, holding the eye dropper 1-2 cm above the eye. If the patient links or closes their eye, repeat the procedure
b) ask the patient to close their eyes and keep them closed for 1-2 minutes
c) If administering both drops and ointment, administer ointment first
d) Ask the patient to sit back with neck slightly hyper extended or lie down

721. All but one are signs of opioid toxicity:

A. CNS depression (coma)
B. Pupillary miosis
C. Respiratory depression (cyanosis)
D. Tachycardia

722. Jim is to receive his eyedrops after his cataract operation. What is the best position for Jim to assume when instilling the eyedrops?

a) sitting position, head tilted backwards
b) supine position for comfort
c) standing position to facilitate drainage
d) recovery position

723. What is not a good route for IM injection?

A. upper arm
B. stomach
C. thigh
D. buttocks

724. Who is responsible in disposing sharps?

a) Registered nurse
b) Nurse assistant
c) Whoever used the sharps
d) Whoever collects the garbage

725. What steps would you take if you had sustained a needlestick injury?

a) Ask for advice from the emergency department, report to occupational health and fill in an incident form.
b) Gently make the wound bleed, place under running water and wash thoroughly with soap and water. Complete an incident form and inform your manager. Co-operate with any action to test yourself or the patient for infection with a bloodborne virus but do not obtain blood or consent for testing from the patient yourself; this should be done by someone not involved in the incident.

c) Take blood from patient and self for Hep B screening and take samples and form to Bacteriology. Call your union representative for support. Make an appointment with your GP for a sickness certificate to take time off until the wound site has healed so you dont contaminate any other patients.
Wash the wound with soap and water. Cover any wound with a waterproof dressing to prevent entry of any other foreign material

726. You were administering a pre-operative medication to a patient via IM route. Suddenly, you developed a needle-stick injury. Which of the following interventions <u>will not be</u> appropriate for you to do?

A. Prevent the wound to bleed
B. Wash the wound using running water and plenty of soap
C. Do not suck the wound
D. Dry the wound and over it with a waterproof plaster or dressing

727. UK policy for needle prick injury includes all but one:

A. Encourage the wound to bleed
B. Suck the wound
C. Wash the wound using running water and plenty of soap
D. Don't scrub the wound while washing it

728. One of your patient has challenged your recent practice of administering a subcutaneous low-molecular weight heparin (LMWH) without disinfecting the injection site. The guidelines for nursing procedures do not recommend this method. Which of the following response will support your action?

A. "We were taught during our training not to do so as it is not based on evidence."
B. "Our guidelines, which are based on current evidence, recommends a non-disinfection method of subcutaneous injection."
C. "I am glad you called my attention. I will disinfect your injection site next time to ensure your safety and peace of mind."
D. "Disinfecting the site for subcutaneous injection is a thing of the past. We are in an evidence-based practice now."

729. IV injection need to be reconsidered when,?

A. Medicine is available in tab form
B. Poor alimentary absorption
C. Drug interaction due to GI secretions

730. You have discovered that the last dose of intravenous antibiotic administered to service user was the wrong dose. Which of the following should you do?

a) Document the event in the service user's medical record only.
b) File an incident report, and document the event in the service user's medical record.
c) Document in the service user's medical record that an incident report was filed.
d) File an incident report, but don't document the even on the service user's record, because information about the incident is protected.

731. It is important to read the label on every IV bag because:

a. Different IV solutions are packaged similarly
b. The label contains the expiration date of the IV fluid
c. A and B
d. A only

732. Which is the most dangerous site for intramuscular injection?

a) ventrogluteal
b) deltoid
c) rectus femoris
d) dorsogluteal

733. Which is the best site for giving IM injection on buttocks

a) Upper outer quadrant
b) Upper inner quadrant
c) Lower outer quadrant
d) Lower inner quadrant

734. When administering injection in the buttocks, it should be given:

a) right upper quadrant
b) left upper quadrant
c) right lower quadrant
d) left lower quadrant

735. What is not a good route for IM injection?

a) upper arm
b) stomach
c) thigh
d) buttocks

736. The degree of injection when giving subcutaneous insulin injection on a site where you can grasp 1 inch of tissue?

B) 45degrees
C) 40degrees
D) 25degrees

A nursing assistant would like to know what a patient group directive means. Your best reply will be:

a) they are specific written instructions for the supply and administration of a licensed named medicine
b) can be used by any registered nurse or midwife caring for the patient
c) drugs can be used outside the terms of their licence (“off label”),
d) it is an alternative form of prescribing

737. Which is the first drug to be used in cardiac arrest of any aetiology?

e) Adrenaline
f) Amiodarone
g) Atropine
h) Calcium chloride

738. Why would the intravenous route be used for the administration of medications?

a) It is a useful form of medication for patients who refuse to take tablets because they don’t want to comply with treatment
b) It is cost effective because there is less waste as patients forget to take oral medication
c) The intravenous route reduces the risk of infection because the drugs are made in a sterile environment & kept in aseptic conditions

d) The intravenous route provides an immediate therapeutic effect & gives better control of the rate of administration as a more precise dose can be calculated so treatment can be more reliable
e) more precise dose can be calculated so treatment can be more reliable

739. What is the best nursing action for this insertion site. You have observed an IV catheter insertion site w/ erythema, swelling, pain and warm.

a) start antibiotics
b) re-site cannula
c) call doctor
d) elevate

740. What are the key nursing observations needed for a patient receiving opioids frequently?

A. Respiratory rate, bowel movement record and pain assessment and score.
B. Checking the patent is not addicted by looking at their blood pressure.
C. Lung function tests, oxygen saturations and addiction levels.
D. Daily completion of a Bristol stool chart, urinalysis, and a record of the frequency with which the patient
reports breakthrough pain.

741. What is the best way to avoid a haematoma forming when undertaking venepuncture?

a) Tap the vein hard which will 'get the vein up', especially if the patient has fragile veins. This will avoid bruising afterwards.
b) It is unavoidable and an acceptable consequence of the procedure. This should be explained and documented in the patient's notes.
c) Choosing a soft, bouncy vein that refills when depressed and is easily detected, and advising the patient to keep their arm straight whilst firm pressure is applied.
d) Apply pressure to the vein early before the needle is removed, then get the patient to bend the arm at a right angle whilst applying firm pressure

742. A nurse is not trained to do the procedure of IV cannulation , still she tries to do the procedure . You are the colleague of this nurse. What will be your action?

a) You should tell that nurse to not to do this again
b) You should report the incident to someone in authority
c) You must threaten the nurse, that you will report this to the authority
d) You should ignore her act

743. You have just administered an antibiotic drip to you patient. After few minutes, your patient becomes breathless and wheezy and looks unwell. What is your best action on this situation?

a) Stop the infusion, call for help, anaphylactic kit in reach, monitor closely
b) continue the infusion and observe further
c) check the vital signs of the patient and call the doctor
d) stop the infusion and prepare a new set of drip

744. What is the most common complication of venepuncture?

a) Nerve injury
b) Arterial puncture
c) Haematoma
d) Fainting

745. A patient with burns is given anesthesia using 50%oxygen and 50%nitrous oxide to reduce pain during dressing. how long this gas is to be inhaled to be more effective?

A) 30 sec
B) 60sec
C) 1-2min
D) 3-5min

746. You have observed an IV catheter insertion site w/ erythema, swelling, pain and warm? What VIP score would you document on his notes?

a) 5
b) 2
c) 3
d) 4

747. After iv dose patient develops, rashes, itching, flushed skin

A) septecimia
B) adverse reaction

748. Hypokalemia can occur in which situation?

A) Addissons disease
B) When use spironolactone
C) When use furosemide

749. Dehydration is of particular concern in ill health. If a patient is receiving intravenous (IV) fluid replacement and is having their fluid balance recorded, which of the following statements is true of someone said to be in a positive fluid balance?

B) The fluid output has exceeded the input.
c) The doctor may consider increasing the IV drip rate.
d) The fluid balance chart can be stopped as positive in this instance means good.
e) The fluid input has exceeded the output.

750. A patient is on Inj. Fentanyl skin patch common side effect of the fentanyl overdose is

a) Fast and deep breathing, dizziness, sleepiness
b) Slow and shallow breathing, dizziness, sleepiness
c) Noisy and shallow breathing, dizziness, sleepiness
d) Wheeze and shallow breathing, dizziness, sleepiness

751. As a registered nurse, you are expected to calculate fluid volume balance of a patient whose input is 2437 ml and output is 750 ml

a) 1887 (Negative Balance)
b) 1197 (Negative Balance)
c) 1887 (Positive Balance)
d) 1197 (Positive Balance)

752. What does the term 'breakthrough pain' mean, and what type of prescription would you expect for it?

a) A patient who has adequately controlled pain relief with short lived exacerbation of pain, with a prescription that has no regular time of administration of analgesia.
b) Pain on movement which is short lived, with a q.d.s. prescription, when necessary.
c) Pain that is intense, unexpected, in a location that differs from that previously assessed, needing a review before a prescription is written.
d) A patient who has adequately controlled pain relief with short lived exacerbation of pain, with a prescription that has 4 hourly frequency of analgesia if necessary

753. A patient is agitated and is unable to settle. She is also finding it difficult to sleep, reporting that she is in pain. What would you do at this point?

a) Ask her to score her pain, describe its intensity, duration, the site, any relieving measures and what makes it worse, looking for non verbal clues, so you can determine the appropriate method of pain management.
b) Give her some sedatives so she goes to sleep.
c) Calculate a pain score, suggest that she takes deep breaths, reposition her pillows, return in 5 minutes to gain a comparative pain score.
d) Give her any analgesia she is due. If she hasn't any, contact the doctor to get some prescribed. Also give her a warm milky drink and reposition her pillows. Document your action.

754. How should we transport controlled drugs? Select which does not apply:

A. Controlled drugs should be transferred in a secure, locked or sealed, tamper-evident container.
B. A person collecting controlled drugs should be aware of safe storage and security and the importance of
handing over to an authorized person to obtain a signature.
C. Have valid ID badge
D. None of the above

755. Dennis was admitted because of acute asthma attack. later on in your shift he complained of abdominal pain and vomited. He asked for pain relief. Which of the following prescribed analgesia will you give him?

a) Fetanyl buccal patch
b) Ibuprofen enteric coated capsule
c) Paracetamol suppositories
d) Oromorphine

756. What do you mean by MRSA?

a) methicillin-resistant staphyloccocusaureu
b) multiple resistant staphylococcus antibiotic

757. Patient is given penicillin. After 12 hrs he develops itching, rash and shortness of breath. what could be the reason?

Speed shock
Allergic reaction

758. Which color card is used to report adverse drug reaction?

a) Green Card
b) Yellow Card
c) White Card
d) Blue Card

759. Which drug can be given via NG tube?

A) Modified release hypertensive drugs
C) Crushing the tablets
D) Lactulose syrup
E) Insulin

760. Which of the following is considered a medication?

a) Whole blood
b) Albumin
c) Blood Clotting Factors
d) Antibodies

761. Pharmocokinetics can be described as:

a) The study of the effects of drugs on the function of living systems
b) The absorption, distribution, metabolism and excretion of drugs within ghe body: what the body does to drug
c) The studyof mechanism of the action of drugs and other biochemical physiological effects: 'what the drug does to the body'
d) All of the above

762. The medicine and Healthcare Products Regulatory Agency (MHRA) is responsible for what?

a) Licensing medicinal products
b) Regulating the manufacture, distribution and importation of medicines
c) Regulating which medicine require a prescription and which can be available without a prescription and under what circumstances
d) All of the above

763. Medication errors account for around a quarter of the incidents that threaten patient safety. In a study published in 2 000 it was found that 10% of all patients admitted to hospital suffer an adverse event (incident. How much of these incidents were preventable?

a) 20%
b) 30%
c) 50%
d) 60%

764. You are about to administer Morphine Sulphate to a paediatric patient. The information written on the control drug book was not clearly written – 15mg or 0.15 mg. What will you do first?

a) Not administer the drug, and wait for the General Practitioner to do his rounds
b) Administer 0.15 mg, because 15 mg is quite a big dose for a paediatric patient
c) Double check the medication label and the information on the controlled drug book; ring the chemist the verify the dosage
d) Ask a senior staff to read the medication label for you

765. After having done your medication round, you have realised that your patient has experienced the adverse effect of the drug. What will be your initial intervention?

a) You must do the physical observations and notify the General practitioner
b) You must ring the General Practitioner and request for a home visit
c) You must administer medication from the Homely Remedy Pod after having spoken to the General Practitioner.
d) You must observe your patient until the General Practitioner arrives at your nursing home

766. Your patient has been prescribed Tramadol 50 mgs tablet for pain relief. Upon receipt of the tablets from the pharmacist you will:

A.Record this in the controlled drug register book with the pharmacist witnessing
B. Put it in the patient's medicine pod
C. Store it in ward medicine cupboard
D. Ask the pharmacist to give it to the patient

767. The nurse is admitting a client, on initial assessment the nurse tries to inquire the patient if he has been taking alternative therapies and OTC drugs but the client becomes angry and refuses to answer saying thenurse is doing so because he belongs to an ethnic minority group, what is the nurse's best response?

a) The nurse will stop asking questions as it is upsetting to the patient
b) Wait and give some time for the client to get adjusted to modern ways of hospitalisation
c) The nurse will politely explain to the patient about alternative therapies such as St.Johns Wort which interact with drugs
d) The nurse will assign another nurse to ask questions

768. Mrs X is diabetic and on PEG feed. Her blood sugar has been high during the last 3 days. She is on Nystatin Oral Drops QID, regular PEG flushes and insulin doses. Her Humulin dose has been increased from 12 iu to 14 iu. The nurse practitioner has advised you to monitor her BM's for the next two days. What will be your initial intervention if her BM drops to 2.8 mmol after 2 morning doses of 14 iu?

a.) Offer her a chocolate bar and a glass of orange juice
b.) Flush glucose syrup through her PEG Tube
c.) Ring the nurse practitioner and ask if the insulin dose can be dropped to 12 iu
d.) Contact the General Practitioner and request for a visit

769. Maisie is 86 years old, and has been in the nursing home for 5 years now. She has been complaining of burning sensation in her chest and sour taste at the back of her throat. What would she most likely to be prescribed with?

a.) Ranitidine
b.) Zantac
c.) Paracetamol
d.) Levothyroxine
e.) a and b
f.) b and

770. A patient needs weighing, as he is due a drug that is calculated on bodyweight. He experiences a lot of pain on movement so is reluctant to move, particularly stand up. What would you do?

A. Document clearly in the patient's notes that a weight cannot be obtained
B. Offer the patient pain relief and either use bed scales or a hoist with scales built in
C. Discuss the case with your colleagues and agree to guess his body weight until he agrees to stand and use the chair scales
D. Omit the drugs as it is not safe to give it without this information; inform the doctor and document your actions

771. A nurse is caring for clients in the mental health clinic. A women comes to the clinic complaining of insomnia and anorexia. The patient tearfully tells the nurse that she was laid off from a job that she had held for 15 years. Which of the following responses, if made by the nurse, is MOST appropriate?

A. "Did your company give you a severance package?"
B. "Focus on the fact that you have a healthy, happy family."
C. "Losing a job is common nowadays."
D. "Tell me what happened."

772. On physical examination of a 16 year old female patient, you notice partial erosion of her tooth enamel and callus formation on the posterior aspect of the knuckles of her hand. This is indicative of:

a) Self-induced vomiting and she likely has bulimia nervosa
b) A genetic disorder and her siblings should also be tested
c) Self-mutilation and correlates with anxiety
d) A connective tissue disorder and she should be referred to dermatology

773. An adolescent male being treated for depression arrives with his family at the Adolescent Day Treatment Centre for an initial therapy meeting with the staff. The nurse explains that one of the goals of the family meeting is to encourage the adolescent to:

a) Trust the nurse who will solve his problem
b) Learn to live with anxiety and tension
c) Accept responsibility for his actions and choices
d) Use the members of the therapeutic milieu to solve his problems

774. A suicidal Patient is admitted to psychiatric facility for 3 days when suddenly he is showing signs of cheerfulness and motivation. The nurse should see this as:

a) That treatment and medication is working
b) She has made new friends
c) she has finalize suicide plan

775. When caring for clients with psychiatric diagnoses, the nurse recalls that the purpose of psychiatric diagnoses or psychiatric labelling to:

a) Identify those individuals in need of more specialized care.
b) Identity those individuals who are at risk for harming others
c) Define the nursing care for individuals with similar diagnoses
d) Enable the client's treatment team to plan appropriate and comprehensive care

776. Which of the following situations on a psychiatric unit are an example of trusting patient nurse relationship?

a) The patient tells the nurse he feels suicidal
b) The nurse offers to contact the doctor if the patient has a headache
c) The nurse gives the patient his daily medications right on schedule
d) The nurse enforces rules strictly on the unit

777. Which of the following situations on a psychiatric unit are an example of a trusting a patient-nurse relationship?

a) The patient tells the nurse that he feels suicidal

b) The nurse offers to contact the doctor if the patient has a headache
c) The nurse gives the patient his daily medication right on schedule
d) The nurse enforce rules strictly on the unit

778. After two weeks of receiving lithium therapy, a patient in the psychiatric unit becomes depressed. Which of the following evaluations of the patient's behavior by the nurse would be MOST accurate?

A) The treatment plan is not effective; the patient requires a larger dose of lithium.
B) This is a normal response to lithium therapy; the patient should continue with the current treatment plan.
C) This is a normal response to lithium therapy; the patient should be monitored for suicidal behavior.

779. A patient with a history of schizophrenia is admitted to the acute psychiatric care unit. He mutters to himself as the nurse attempts to take a history and yells. "I don't want to answer any more questions! There are too many voices in this room!" Which of the following assessment questions should the nurse as NEXT?

a) Are the voices telling you to do things?
b) Do you feel as though you want to harm yourself or anyone else?
c) Who else is talking in this room? It's just you and me
d) I don't hear any other voices

780. The wife of a client with PTSD (post-traumatic stress disorder) communicate to the nurse that she is having trouble dealing with her husband's condition at home. Which of the following suggestions made by the nurse is CORRECT?

a) Do not touch or speak to your husband during an active flashback. Wait until it is finished to give him support."
b) Discourage your husband from exercising, as this will worsen his condition
c) Encourage your husband to avoid regular contact with outside family members
d) Keep your cupboards free of high-sugar and high-fat foods

781. On a psychiatric unit, the preferred milieu environment is BEST describe as:

a) Fostering a therapeutic social, cultural, and physical environment.
b) Providing an environment that will support the patient in his or her therapeutic needs
c) Fostering a sense of well-being and independence in the patient
d) Providing an environment that is safe for the patient to express feelings

782. A 17-year old patient who was involved in an orthopaedic accident is observed not eating the meals that she previously ordered and refuses to take a bath even if she is already in recovery stage. As a nurse what do you think is the best explanation for her reaction to the accident that happened to her?

a) Supression
b) Undoing
c) Regression
d) Repression

783. After the suicide of her best friend Marry feels a sense of guilt, shame and anger because she had not answered the phone when her friend called shortly before her death. Which of the following statements is the most accurate when talking about Mary's feelings?

a) Marry's feelings are normal and are a form of perceived loss
b) Marry's feelings are normal and are a form of situational loss.
c) Marry's feelings are not normal and are a form of situational loss.
d) Marry's feelings are not normal and are a form of physical loss

784. What is an indication that a suicidal patient has an impending suicide plan:

a) She/he is cheerful and seems to have a happy disposition
b) talk or write about death, dying or suicide
c) threaten to hurt or kill themselves
d) actively look for ways to kill themselves, such as stockpiling tablets

785. Risk for health issues in a person with mental health issues

a) Increased than in normal people
b) Slightly decreased than in normal people
c) Very low as compared to normal people
d) Risk is same in people with and without mental illness

786. Which of the following cannot be seen in a depressed client?

a) Inactivity

b) Sad facial expression
c) Slow monotonous speech
d) Increased energy

787. A patient with antisocial personality disorder enters the private meeting room of a nurse unit as a nurse is meeting with a different patient. Which of the following statements by the nurse is BEST?

a) I'm sorry, but HIPPA says that you can't be her. Do you mind leaving?
b) You may sit with us as long as you are quiet
c) I need you to leave us alone
d) Please leave and I will speak with you when I am done

788. A patient asking for LAMA, the medical team has concern about the mental capacity of the patient, what decision should be made?

a) Call the police
b) Let the patient go
c) Encourage the patient to wait, by telling the need for treatment

789. The nurse restrains a client in a client in a locked room for 3 hours until the client acknowledge wo started a fight in the group room last evening. The nurse's behaviour constitutes;

a) False imprisonment
b) Duty of care
c) Standard of care practice
d) Contract of care

790. A client has been voluntary admitted to the hospital. The nurse knows that which of the following statements is inconsistent with this type of hospitalization

a) The client retains all of his or her rights
b) The client has a right to leave if not a danger to self or others
c) The client can sign a written request for discharge
d) The client cannot be released without medical advice.

791. Risk for health issues in a person with mental health issues

a) Increased than in normal people
b) Slightly decreased than in normal people
c) Very low as compared to normal people
d) Risk is same in people with and without mental illness

792. A patient got admitted to hospital with a head injury. Within 15 minutes, GCS was assessed and it was found to be 15. After initial assessment, a nurse should monitor neurological status

a) Every 15 minutes
b) 30 minutes
c) 45 minutes
d) 60 minutes

793. You are caring for a patient who has had a recent head injury and you have been asked to carry out neurological observations every 15 minutes. You assess and find that his pupils are unequal and one is not reactive to light. You are no longer able to rouse him. What are your actions?

a) Continue with your neurological assessment, calculate your Glasgow Coma Scale (GCS) and document clearly.
b) This is a medical emergency. Basic airway, breathing and circulation should be attended to urgently and senior help should be sought.
c) Refer to the neurology team.
d) Break down the patient's Glasgow Coma Scale as follows: best verbal response V = XX, best motor response M = XX and eye opening E = XX. Use this when you hand over.

794. A patient in your care knocks their head on the bedside locker when reaching down to pick up something they have dropped. What do you do?

a) Let the patient's relatives know so that they don't make a complaint & write an incident report for yourself so you remember the details in case there are problems in the future
b) Help the patient to a safe comfortable position, commence neurological observations & ask the patient's doctor to come & review them, checking the injury isn't serious. when this has taken place , write up what happened & any future care in the nursing notes
c) Discuss the incident with the nurse in charge , & contact your union representative in case you get into trouble

d) Help the patient to a safe comfortable position, take a set of observations & report the incident to the nurse in charge who may call a doctor. Complete an incident form. At an appropriate time , discuss the incident with the patient & if they wish , their relatives

795. Glasgow Coma score (GCS) is made up of 3 component parts and these are:

a) eye opening response/motor response/verbal response
b) eye opening response/verbal response/pupil reaction to light
c) eye opening response/motor response/pupil reaction to light
d) eye opening response/limb power/verbal response

796. You are monitoring a patient in the ICU when suddenly his consciousness drops and the size of one his pupil becomes smaller what should you do?

A) Call the doctor
B) Refer to neurology team
C) Continue to monitor patient using GCS and record
D) Consider this as an emergency and prioritize ABC

797. Patient had CVA, who will assess swallowing capability?

a) physiotherapy nurse
b) psychotherapy nurse
c) speech and language therapist
d) neurologic nurse

798. A patient suffered from CVA and is now affected with dysphagia. What should not be an intervention to this type of patient?

a) Place the patient in a sitting position / upright during and after eating.
b) Water or clear liquids should be given.
c) Instruct the patient to use a straw to drink liquids.
d) Review the patient's ability to swallow, and note the extent of facial paralysis.

799. The nurse is preparing the move an adult who has right sided paralysis from the bed into a wheel chair. Which statement best describe action for the nurse to take?

a) Position the wheelchair on the left side of the bed.
b) Keep the head of the bed elevated 10 degrees.
c) Protect the patients left arm with a sling during transfer.
d) Bend at the waist while helping the client into a standing position

800. An adult has experienced a CVA that has resulted in right side weakness. The nurse is preparing to move the patients right side of the bed so that he may then be turned to his left side. The nurse knows that an important principle when moving the patient is?

a) To keep the feet close together
b) To bend from waist
c) To move body weight when moving objects
d) A twisting motion will save steps

801. A patient suffered from stroke and is unable to read and write. This is called

a) Dysphasia
b) Dysphagia
c) Partial aphasia
d) Aphasia

802. Who should do the assessment in a patient with dysphagia

a) Neurologic physiotherapist
b) Speech therapist
c) Occupation therapist

803. What does AVPU mean?

a) alert verbalization pain unconscious
b) awake voice pain unconscious
c) alert voice pain unresponsive
d) awake verbalization pain unconscious

804. In doing neurological assessment, AVPU means:

a) awake, voice, pain, unresponsive
b) alert, voice, pain, unresponsive
c) awake, verbalises, pain, unresponsive
d) alert, verbalises, pain, unresponsive

805. In the News observation system, what is AVUP?

a) A replacement for GCS
b) An assessment for confusion
c) Assessment for the level of consciousness

806. When a patient is being monitored in the PACU, how frequently should blood pressure, pulse and respiratory rate be recorded?

a) Every 5 minutes
b) Every 15 minutes
c) Once an hour
d) Continuously

807. Which of the following is NOT a symptom of impacted earwax?

a) Dizziness
b) Dull hearing
c) Reflux cough
d) Sneezing

808. You are caring for a patient with a tracheostomy in situ who requires frequent suctioning. How long should you suction for?

a) If you preoxygenate the patient, you can insert the catheter for 45 seconds.
b) Never insert the catheter for longer than 10-15 seconds.
c) Monitor the patient's oxygen saturations and suction for 30 seconds
d) Suction for 50 seconds and send a specimen to the laboratory if the secretions are purulent

809. Your patient has a bulky oesophageal tumour and is waiting for surgery. When he tries to eat, food gets stuck and gives him heartburn. What is the most likely route that will be chosen to provide him with the nutritional support he needs?

A. Nasogastric tube feeding.
B. Feeding via a percutaneous endoscopic gastrostomy (PEG).
C. Feeding via a radiologically inserted gastrostomy (RIG).
D. Continue oral food.

810. Common cause of airway obstruction in an unconscious patient

a) Oropharyngeal tumor
b) Laryngeal cyst
c) Obstruction of foreign body
d) Tongue falling back

811. Which of the following is a potential complication of putting an oropharyngeal airway adjunct:

A. Retching, vomiting
B. Bradycardia
C. Obstruction
D. Nasal injury

812. The client has recently returned from having a thyroidectomy. The nurse should keep which of the following at the bedside?

A. A tracheotomy set
B. A padded tongue blade
C. An endotracheal tube
D. An airway

813. The nurse is changing the ties of the client with a tracheotomy. The safest method of changing the tracheotomy ties is to: Proximal third section of the small intestines

A. Apply the new tie before removing the old one.

B. Have a helper present.
C. Hold the tracheotomy with the nondominant hand while removing the oldtie.
D. Ask the doctor to suture the tracheostomy in place.

814. A client had a total thyroidectomy yesterday. The client is complaining of tingling around the mouth and in the fingers and toes. What would the nurses' next action be?

A. Obtain a crash cart.
B. Check the calcium level.
C. Assess the dressing for drainage.
D. Assess the blood pressure for hypertension.

815. A 32-year-old mother of three is brought to the clinic. Her pulse is 52, there is a weight gain of 30 pounds in four months, and the client is wearing two sweaters. The client is diagnosed with hypothyroidism. Which of the following nursing diagnoses is of highest priority?

A. Impaired physical mobility related to decreased endurance
B. Hypothermia r/t decreased metabolic rate
C. Disturbed thought processes r/t interstitial edema
D. Decreased cardiac output r/t bradycardia

816. The physician has ordered a thyroid scan to confirm the diagnosis of a goiter. Before the procedure, the nurse should:

A. Assess the client for allergies.
B. Bolus the client with IV fluid.
C. Tell the client he will be asleep.
D. Insert a urinary catheter.

817. While changing tubing and cap change on a patient with central line on right subclavian what should the nurse do to prevent complication

a) ask patient to breath normally
b) ask patient to hold the breath and bear down
c) inhale slowly

818. The nurse notes the following on the ECG monitor. The nurse would evaluate the cardiac arrhythmia as:

a) Atrial flutter
b) A sinus rhythm
c) Ventricular tachycardia
d) Atrial fibrillation

819. The client is admitted with left-sided congestive heart failure. In assessing the client for edema, the nurse should check the:

A. Feet
B. Neck
C. Hands
D. Sacrum

820. Which of the following population group is at risk of developing cardiovascular disease?

a) Obese, male, diabetic, hypertensive, sedentary lifestyle
b) female, forty, fertile
c) smoker, diabetic and alcoholic
d) drug user, male, hypertensive

821. All are risk factors of Coronary Artery Disease except:

A. Obesity
B. Smoking
C. High Blood Pressure
D. Female

822. Which of the following is at a greater risk for developing coronary artery disease?

a) Male, obese, sedentary lifestyle
b) Female, obese, non sedentary lifestyle

823. When should adult patients in acute hospital settings have observations taken?

a) When they are admitted or initially assessed. A plan should be clearly documented which identifies which observations should be taken & how frequently subsequent observations should be done
b) When they are admitted & then once daily unless they deteriorate
c) As indicated by the doctor
d) Temperature should be taken daily, respirations at night, pulse & blood pressure 4 hourly

824. When is the time to take the vital signs of the patients? Select which does not apply:

a) At least once every 12 hours, unless specified otherwise by senior staff.
b) When they are admitted or initially assessed.
c) On transfer to a ward setting from critical care or transfer from one ward to another.
d) Every four hours

825. Which sign or symptom is a key indication of progressive arterial insufficiency?

a) Oedema
b) Hyperpigmentation of the skin
c) Pain
d) Cyanosis

826. If Tony's heart rate slows down, this is referred to as:

A) hypertension
B) hypotension
C) bradycardia
D) tachycardia

827. Why is it important to manually assess pulse rate?

a) Amplitude, volume and irregularities cannot be detected using automated electronic methods
b) Tachycardia cannot be detected using automated electronic methods
c) Bradycardia cannot be detected using automated electronic method
d) It is more reassuring to the patient

828. A patient on your ward complains that her heart is 'racing' and you find that the pulse is too fast to manually palpate. What would your actions be?

a) Shout for help and run to collect the crash trolley.
b) Ask the patient to calm down and check her most recent set of bloods and fluid balance.
c) A full set of observations: blood pressure, respiratory rate, oxygen saturation and temperature. It is essential to perform a 12 lead ECG. The patient should then be reviewed by the doctor.
d) Check baseline observations and refer to the cardiology team.

829. Orthostatic hypotension is diagnosed if the systolic blood pressure drops by how many mmHg?

A) 20
B) 25
C) 30
D) 35

830. When would an orthostatic blood pressure measurement be indicated?

A) If the patient has a recent history of falls.
B) If the patient has a history of dizziness or syncope on changing position.
C) If the patient has a history of hypertension.
D) If the patient has a history of hypotension

831. Which is not a cause of postural hypotension?

a) the time of day
b) lack of exercise
c) temperature
d) recent food intake

832. What do the adverse effects of hypotension include?

a) Decreased conscious level, reduced blood flow to vital organs and renal failure.

b) The patient could become confused and not know who they are.
c) Decreased conscious level, oliguria and reduced coronary blood flow.
d) The patient feeling very cold

833. Mrs Red is complaining of shortness of breath. On assessment, her legs are swollen indicative of tissue oedema. What do you think is the possible cause of this?

a) left side heart failure
b) right side heart failure
c) renal failure
d) liver failure

834. In interpreting ECG results if there is clear evidence of atrial disruption this is interpreted as?

a) Cardiac Arrest
b) Ventricular tach
c) Atrial Fibrillation
d) Complete blockage of the heart

835. A client is having diagnosed atrial activity. identify the ECG

a) Atrial fibrillation
b) cardiac arrest
c) ventricular tachycardia
d) asystole

836. What is atrial fibrillation?

a) heart condition that causes,
b) An irregular and often abnormally slow heart rate
c) An irregular and often abnormally fast heart rate
d) A regular heart rhythm with an abnormally slow heart rate
e) A regular heart rhythm with an abnormally fast heart rate

837. The correct management of an adult patient in ventricular fibrillation (VF) cardiac arrest includes:

a) an initial shock with a manual defibrillator or when prompted by an automated external defibrillator (AED)
b) atropine 3 mg IV
c) adenosine 500 mcg IV
d) adrenaline 1 mg IV before first shock

838. How to act in an emergency in a health care set up?

a) according to the patient's condition
b) according to instruction
c) according to situation
d) according to our competence

839. While having lunch at the cafeteria, your co-worker suddenly collapsed. As a nurse, what would you do?

a) You are on lunch, no actions should be taken
b) Assess for any danger
c) Tap the patient to check for consciousness
d) Call for help

840. Which is the first drug to be used in cardia arrest of any aetiology?

a) Adrenaline
b) Amiodarone
c) Atropine
d) Calcium chloride

841. During cardiopulmonary resuscitation:

A) chest compression should be 5-6 cm deep at a rate of 100-120 compression per minute
B) a ratio of 2 ventilation to 15 cardiac compression is required
C) the hands should be placed over the lower third of the sternum to do chest compression

D) check for normal breathing for 1 full minute to diagnose cardiac arrest

842. You are currently on placement in the emergency department (ED). A 55-year-old city worker is blue lighted into the ED having had a cardiorespiratory arrest at work. The paramedics have been resuscitating him for 3 minutes. On arrival, he is in ventricular fibrillation. Your mentor asks you the following question prior to your shift starting: What will be the most important part of the patient's immediate advanced life support?

a) Early defibrillation to restart the heart.
b) Early cardiopulmonary resuscitation.
c) Administration of adrenaline every 3 minutes.
d) Correction of reversible causes of hypoxia.

843. In a fully saturated haemoglobin molecule, responsible for carrying oxygen to the body's tissues, how many of its haem sites are bound with oxygen?

a) 2
b) 4
c) 6
d) 8

844. In Spinal cord injury patients, what is the most common cause of autonomic dysreflexia (a sudden rise in blood pressure)?

a) Bowel obstruction
b) Fracture below the level of the spinal lesion
c) Pressure sore
d) Urinary obstruction

845. Most commonly aneurysms can develop on? Select x 2 answers

a) Abdominal aorta
b) Circle of Willis
c) Intraparechymal aneurysms
d) Capillary aneurysms

846. Which of the following can a patient not have if they have a pacemaker in situ?

A) MRI
B) X ray
C) Barium swallow
D) CT

847. You are looking after a postoperative patient and when carrying out their observations, you discover that they are tachycardic and anxious, with an increased respiratory rate. What could be happening? What would you do?

A. The patient is showing symptoms of hypovolaemic shock. Investigate source of fluid loss, administer fluid replacement and get medical support.
B. The patient is demonstrating symptoms of atelectasis. Administer a nebulizer, refer to physiotherapist for assessment.
C. The patient is demonstrating symptoms of uncontrolled pain. Administer prescribed analgesia, seek assistance from medical team.
D. The patient is demonstrating symptoms of hyperventilation. Offer reassurance, administer oxygen.

848. What Is not a cause of postural hypotension?

a) The time of day
b) Lack of exercise
c) Temperature
d) Recent food intake

849. Mrs Red's doctor is suspecting an aortic aneurysm after her chest x-ray. Which of the most common type of aneurysm?

A) cerebral
B) abdominal
C) femoral
D) thoracic

850. A nurse is advised one hour vital charting of a patient, how frequently it should be recorded?

a) Every 3 hours
b) Every shift
c) Whenever the vital signs show deviations from normal
d) Every one hour

851. Why are support stockings used?

a) To aid mobility
b) To promote arterial flow
c) To aid muscle strength
d) To promote venous flow

852. Anti-embolic stockings an effective means of reducing the potential of developing a deep vein thrombosis because:

a) They promote arterial blood flow.
b) They promote venous blood flow.
c) They reduce the risk of postoperative swelling.
d) They promote lymphatic fluid flow, and drainage

853. In DVT TEDS stockings affect circulation by:

a) increasing blood flow velocity in the legs by compression of the deep venous system - thromboembolism-deterrent hose
b) decreasing blood flow velocity in legs by compression of the deep venous system

854. You are looking after a 75 year old woman who had an abdominal hysterectomy 2 days ago. What would you do reduce the risk of her developing a deep vein thrombosis (DVT)?

A. Give regular analgesia to ensure she has adequate pain relief so she can mobilize as soon as possible. Advise her not to cross her legs
B. Make sure that she is fitted with properly fitting anti-embolic stockings & that are removed daily
C. Ensure that she is wearing anti-embolic stockings & that she is prescribed prophylactic anticoagulation & is doing hourly limb exercises
D. Give adequate analgesia so she can mobilize to the chair with assistance, give subcutaneous low molecular weight heparin as prescribed. Make sure that she is wearing anti-embolic stockings

855. A patient is being discharged form the hospital after having coronary artery bypass graft (CABG). Which level of the health care system will best serve the needs of this patient at this point?

a) Primary care
b) Secondary care
c) Tertiary care
d) Public health care

856. People with blood group A are able to receive blood from the following:

a) Group A only
b) Groups AB or B
c) Groups A or O
d) Groups A, B or O

857. Which finding should the nurse report to the provider prior to a magnetic resonance imaging MRI?

A. History of cardiovascular disease
B. Allergy to iodine and shellfish
C. Permanent pacemaker in place
D Allergy to dairy products

858. How many phases of korotkoff sounds are there?

A. 3
B. 4
C. 5
D. 6

859. What is the name given to a decreased pulse rate or heart rate?

a) Tachycardia
b) Hypotension

c) Bradycardia
d) Arrhythmia

860. A patient puts out his arm so that you can take his blood pressure. What type of consent is this?

a) Verbal
b) Written
c) Implied
d) None of the above, consent is not required.

861. Which finding should the nurse report to the provider to a magnetic resonance imaging MRI?

a) History of cardiovascular disease
b) Allergy to iodine and shellfish
c) Permanent pacemaker in place
d) Allergy to dairy products

862. Which of the following is the most common aneurysm site?

a) Hepatic Artery
b) Abdominal aorta
c) Renal arch
d) Circle of Wills

863. CVP line measures?

a) Pressure in right atrium
b) Pulmonary arteries
c) Left ventricle
d) Vena cava

864. Mrs Smith has been assessed to have a cardiac arrest after anaphylactic reaction to a medication. Cardiopulmonary Resuscitation (CPR) was started immediately. According to the Resuscitation Council UK, which of the following statements is true?

a) Intramuscular route administration of adrenaline is always recommended during cardiac arrest after anaphylactic reaction.
b) Intramuscular route for adrenaline is not recommended during cardiac arrest after anaphylactic reaction.
c) Adrenaline can be administered intradermally during cardiac arrest after anaphylactic reaction.
d) None of the Above

865. In what instances shouldn't you position a patient in a side-lying position?

a) If they are pregnant
b) If they have a spinal fracture
c) If they have pressure sore
d) If they have lower limb pain

866. Which of the following is an indication for intrapleural chest drain insertion?

a) Pneumothorax
b) Tuberculosis
c) Asthma
d) Malignancy of lungs

867. All but one is an indication for pleural tubing:

a. Pneumothorax
b. Abnormal blood clotting screen or low platelet count
c. Malignant pleural effusion.
d. Post-operative, for example thoracotomy, cardiac surgery

868. A client is diagnosed with methicillin resistant staphylococcus aureus pneumonia. What type of isolation is MOST appropriate for the client?

a) Reverse isolation
b) Respiratory isolation
c) Standard precautions
d) Contact isolation

869. Several clients are admitted to an adult medical unit. The nurse would ensure airborne precautions for a client with which of the following medial conditions?

a) A diagnosis of AIDS and cytomegalovirus
b) A positive PPD with an abnormal chest x-ray
c) A tentative diagnosis of viral pneumonia
d) Advanced carcinoma of the lung

870. After lumbar laminectomy, which the appropriate method to turn the patient?

a) Patient holds at the side of the bed, with crossed knees try to turn by own
b) Head is raised & knees bent, patient tries to make movement
c) Patient is turned as a unit

871. patient just had just undergone lumbar laminectomy, what is the best nursing intervention?

A) move the body as a unit
B) move one body part at a time
C) move the head first and the feet last
D) never move the patient at all
B) Inadvertent puncture of the kidney and cardiac arrest

872. A client immediately following LP developed deterioration of consciousness, bradycardia, increased systolic BP. What is this normal reaction

a) client has brain stem herniation
b) spinal headache

873. Patient manifests phlebitis in his IV site, what must a nurse do?

a) Re-site the cannula
b) Inform the doctor
c) Apply warm compress
d) Discontinue infusion

874. Early signs of phlebitis would include:

A. slight pain and redness
B. increased WBC
C. Pyrexia
D. swelling

875. A nurse assists the physician is performing liver biopsy. After the biopsy the nurse places the patient in which position?

a) Supine
b) Prone
c) Left-side lying
d) Right-side lying

876. Which of the following is a severe complication during 24 hrs post liver biopsy?

A) pain at insertion site
B) nausea and vomiting
C) back pain
D) bleeding

877. Patient is post op liver biopsy which is a sign of serious complication? (Select x 2 correct answers)

CR of 104, RR=24, Temp of 37.5
Nausea and vomiting
Pain
Bleeding

878. A patient in your care is about to go for a liver biopsy. What are the most likely potential complications related to this procedure?

a) Inadvertent puncture of the pleura, a blood vessel or bile duct

b) Inadvertent puncture of the heart, oesophagus or spleen.
c) Cardiac arrest requiring resuscitation.
d) Inadvertent puncture of the kidney and cardiac arrest

879. A diabetic patient with suspected liver tumor has been prescribed with Trphasic CT scan. Which medication needs to be on hold after the scan?

a. Furosemide
b. Metformin
c. Docusate sodium
d. Paracetamol

880. What position should you prepare the patient in pre-op for abdominal Paracentesis?

a) Supine
b) Supine with head of bed elevated to 40-50cm
c) Prone
d) Side-lying

881. Correct position for abdominal paracentesis.

A. Lie the patient supine in bed with the head raised 45–50 cm with a backrest
B. Sitting upright at 45 to 60
C. Sitting upright at 60 to 75°
D. Sitting upright at 75 to 90°

882. What is the preferred position for abdominal Paracenthesis?

a) Supine with head slightly elevated
b) Supine with knees bent
c) Prone
d) Side-lying

883. Patient had undergone post lumbar tap and is exhibiting increase HR, decrease BP, and alteration in consciousness and dilated pupils. What is the patient likely experiencing?

A. Headache
B. Shock
C. Brain herniation
D. Hypotension

884. Which is not an expected side effect of lumbar tap?

A. Headache
B. Back pain
C. Swelling and bruising
D. Nausea and vomiting

885. Which is not an indication for lumbar tap?

A. For patients with increased ICP
B. For diagnostic purposes
C. Introduction of spinal anaesthesia for surgery
D. Introduction of contrast medium

886. It is unsafe for a spinal tap to be undertaken if the patient:

A. Has bacterial meningitis
B. Papilloedema
C. Intracranial mass is suspected
D. Site skin infection
E. All the above

887. How to position patient for abdominal tap

A. Supine
B. Prone
C. Supine with HOB 40-50 degree elevated

D. Sitting

888. After lumbar puncture, the patient experiences shock. What is the etiology behind it?

a) Increased ICP.
b) Headache.
c) Side effect of medications.
d) CSF leakage

889. Which is not an expected side effect of lumbar tap?

a) Headache
b) Back pain
c) Swelling and bruising
d) Nausea and vomiting

890. A patient was recommended to undergo lumbar puncture. As the nurse caring for this patient, what should you not expect as its complications:

A. Swelling and bruising
B. Headache
C. Back pain
D. Infection

891. A client immediately following LP developed deterioration of consciousness, bradycardia, increased systolic BP. What is this:

a) normal reaction
b) client has brain stem herniation
c) spinal headache

892. The night after an exploratory laparotomy, a patient who has a nasogastric tube attached to low suction reports nausea. A nurse should take which of the following actions first?

D) Administer the prescribed antiemetic to the patient.
E) Determine the patency of the patient's nasogastric tube.
F) Instruct the patient to take deep breaths.
G) Assess the patient for pain

893. An assessment of the abdomen of a patient with peritonitis you would expect to find

a) Rebound tenderness and guarding
b) Hyperactive, high-pitched bowel sounds and a firm abdomen
c) A soft abdomen with bowel sounds every 2 to 3 seconds
d) Ascites and increased vascular pattern on the skin

894. Patients with gastric ulcers typically exhibit the following symptoms:

a) Epigastric pain worsens before meals, pain awakening patient from sleep an melena
b) Decreased bowel sounds, rigid abdomen, rebound tenderness, and fever
c) Boring epigastric pain radiating to back and left shoulder, bluish-grey discoloration of periumbilical area and ascites
d) Epigastric pains worsens after eating and weight loss

895. Patients with gastrointestinal bleeding may experience acute or chronic blood loss. Your patient is experiencing hematochezia. You recognise this by:

a) Red or maroon- coloured stool rectally
b) Coffee ground emesis
c) Black, tarry stool
d) Vomiting of bright red or maroon blood

896. The term gavage indicates

a) Administration of a liquid feeding into the stomach
b) Visual examination of the stomach
c) irrigation of the stomach with solution

d) A surgical opening through the abdomen to stomach

897. What would be your main objectives in providing stoma education when preparing a patient with a stoma for discharge home?

a) That the patient can independently manage their stoma, and can get supplies.
b) That the patient has had their appliance changed regularly, and knows their community stoma nurse.
c) That the patient knows the community stoma nurse, and has a prescription.
d) That the patient has a referral to the District Nurses for stoma care.

898. What type of diet would you recommend to your patient who has a newly formed stoma?

a) Encourage high fibre foods to avoid constipation.
b) Encourage lots of vegetables and fruit to avoid constipation.
c) Encourage a varied diet as people can react differently.
d) Avoid spicy foods because they can cause erratic function.

899. When selecting a stoma appliance for a patient who has undergone a formation of a loop colostomy, what factors would you consider?

a) Patient dexterity, consistency of effluent, type of stoma
b) Patient preference, type of stoma, consistency of effluent, state of peristomal skin, dexterity of the patient
c) Patient preference, lifestyle, position of stoma, consistency of effluent, state of peristomal skin, patient dexterity, type of stoma
d) Cognitive ability, lifestyle, patient dexterity, position of stoma, state of peristomal skin, type of stoma, consistency of effluent, patient preference

900. Reason for dyspnoea in patients who diagnosed with Glomerulonephritis patients?

a) Albumin loss increase oncotic pressure causes water retention in cells
b) Albumin loss causes decrease in oncotic pressure causes water retention causing fluid retention I alveoli
c) Albumin loss has no effect on oncotic pressure

901. If a patient feels a cramping sensation in their abdomen after a colonoscopy, it is advisable that they should do/have which of the following?

a) Eat and drink as soon as sedation has worn off.
b) Drink 500 mL of fluid immediately to flush out any gas retained in the abdomen.
c) Have half hourly blood pressure performed for 12 hours.
d) Be nursed flat and kept in bed for 12 hours.

902. A patient is admitted to the ward with symptoms of acute diarrhoea. What should your initial management be?

a) Assessment, protective isolation, universal precautions
b) Assessment, source isolation, antibiotic therapy
c) Assessment, protective isolation, antimotility medication
d) Assessment, source isolation, universal precautions

903. Which condition is not a cause of diarrhea?

a) Ulcerative colitis
b) Intestinal obstruction
c) Hashimotos disease
d) Food allergy

904. When explaining about travellers' diarrhoea which of the following is correct?

a) Travellers' diarrhoea is mostly caused by Rotavirus
b) Antimotility drugs like loperamide is ineffective management
c) Oral rehydration in adults and children is not useful
d) Adsorbents such as kaolin is ineffective and not advised

905. A 45-year old patient was diagnosed to have Piles (Haemorrhoids). During your health education with the patient, you informed him of the risk factors of Piles. You would tell him that it is caused by all of the following except:

a) Straining when passing stool
b) being overweight

c) Lack of fibre in the diet
d) prolonged walking

906. Which among the following is a cause of Hemorrhoids?

a) High fibre rich diet
b) Non- processed food
c) Straining while passing stools
d) Unsaturated fats in the diet

907. A young adult is being treated for second and third degree burns over 25% of his body and is now read for discharge. The nurse evaluates his understanding of discharge instructions relating to wound care and is satisfaction that he is prepared for home care when he makes which statement?

a) I will need to take sponge baths at home to avoid exposing the wound's to unsterile bath water
b) If any healed areas break open I should first cover them with sterile dressing and then report it
c) I must wear my Jobst elastic garment all day and an only remove it when I'm going to bed
d) I can expect occasional periods of low-grade fever and can take Tylenol every 4 hours

908. Which statement is not true about acute illness?

a) A disease with a rapid onset and/or a short course one.
b) It will eventually resolve without any medical supervision.
c) It is rapidly progressive and in need of urgent care.
d) It is prolonged, do not resolve spontaneously, and is rarely captured completely.

909. Which statement is not true about acute illness?

A. A disease with a rapid onset and/or a short course one.
B. It will eventually resolve without any medical supervision.

910. Taking a nursing history prior to the physical examination allows a nurse to establish a rapport with the patient and family. Elements of the history include all of the following except:

a) the client's health status
b) the course of the present illness
c) social history
d) Cultural beliefs and practices

911. In reporting contagious diseases, which of the following will need attention at national level:

a) Measles
b) Tuberculosis
c) chicken pox
d) Swine flu

912. Which one of these notifiable diseases needs to be reported on a national level?

a) Chicken pox
b) Tuberculosis
c) Whooping cough
d) Influenza

913. A 33-year-old male is being evaluated for possible acute leukemia. Which of the following findings is most likely related to the diagnosis of leukemia?

A. The client collects stamps as a hobby.
B. The client recently lost his job as a postal worker.
C. The client had radiation for treatment of Hodgkin's disease as a teenager.
D. The client's brother had leukemia as a child.

914. The client is being evaluated for possible acute leukemia. Which inquiry by the nurse is most important?

A. "Have you noticed a change in sleeping habits recently?"
B. "Have you had a respiratory infection in the last six months?"
C. "Have you lost weight recently?"
D. "Have you noticed changes in your alertness?"

915. Which of the following would be the priority nursing diagnosis for the adult client with acute leukemia?

A. Oral mucous membrane, altered related to chemotherapy
B. Risk for injury related to thrombocytopenia
C. Fatigue related to the disease process
D. Interrupted family processes related to life-threatening illness of a family member

916. A 43 year old African American male is admitted with sickle cell anemia. The nurse plans to assess the circulation in the lower extremities every two hours. Which of the following outcome criteria would the nurse use?

a) Body temperature of 99ºF or less
b) Toes moved in active range of motion
c) Sensation reported when soles of feet are touched
d) Capillary refill of < 3 seconds

917. a 30 year old male from Haiti is brought to the emergency department in sickle cell crisis. What is the best position for this client?

a) Side-lying with knees flexed
b) Knee chest
c) High fowlers with knees flexed
d) Semi flowlers with legs extended on the bed

918. A 25 year old male is admitted in sickle cell crisis. Which of the following interventions would be of highest priority for this client?

a) Taking hourly blood pressures with mechanical cuff
b) Encouraging fluid intake of at least 200mL per hour
c) Position in high folwlers with knee gatch raised
d) Administering Tylenol as orderd

919. Which of the following foods would the nurse encourage the client in sickle cell crisis to eat?

a) Steak
b) Cottage cheese

c) Popsicle
d) Lima beans

920. A newly admitted client has sickle cell crisis. He is complaining of pain in his feet and hands. The nurse's assessment findings include a pulse oximetry of 92. Assuming that all the following interventions are ordered, which should be done first?

a) Adjust the room temperature
b) Give a bolus of IV fluids
c) Start O^2
d) Administer meperidine (Demerol) 75 mg IV push

921. The nurse is instructing a client with iron-deficiency anemia. Which of the following meal plans would the nurse expect the client to select?

a) Roast beef, gelatin salad, green beans, and peach pie
b) Chicken salad sandwich, coleslaw, French fries, ice cream
c) Egg salad on wheat bread, carrot sticks, lettuce salad, raisin pie
d) Pork chop, creamed potatoes, corn, and coconut cake

922. Clients with sickle cell anemia are taught to avoid activities that cause hypoxia and hypoxemia. Which of the following activities would the nurse recommend?

A. A family vacation in the Rocky Mountains
B. Chaperoning the local boys club on a snow-skiing trip
C. Traveling by airplane for business trips
D. A bus trip to the Museum of Natural History

923. The nurse is conducting a physical assessment on a client with anemia. Which of the following clinical manifestations would be most indicative of the anemia?

A. BP 146/88
B. Respirations 28 shallow
C. Weight gain of 10 pounds in six months
D. Pink complexion

924. The nurse is conducting an admission assessment of a client with vitamin B12 deficiency. Which finding reinforces the diagnosis of B12 deficiency?

A. Enlarged spleen
B. Elevated blood pressure
C. Bradycardia
D. Beefy tongue

925. The body part that would most likely display jaundice in the dark-skinned individual is the:

A. Conjunctiva of the eye
B. Soles of the feet
C. Roof of the mouth
D. Shins

926. A patient was brought to the A&E and manifested several symptoms: loss of intellect and memory; change in personality; loss of balance and co-ordination; slurred speech; vision problems and blindness; and abnormal jerking movements. Upon laboratory tests, the patient got tested positive for prions. Which disease is the patient possibly having?

a) Acute Gastroenteritis
b) Creutzfeldt-Jakob Disease
c HIV/AIDS Fatigue
Urgent bowel

927. a Patient who has had Parkinson's disease for 7 years has been experiencing aphasia. Which health professional should make a referral to with regards to his aphasia?

a) Occupational therapist
b) Community matron
c) Psychiatrist
d) Speech and language therapist

928. A 27- year old adult male is admitted for treatment of Crohn's disease. Which information is most significant when the nurse assesses his nutritional health?

a) Anthropometric measurements
b) Bleeding gums
c) Dry skin
d) Facial rubor

929. A patient was diagnosed to have Chron's disease. What would the patient be manifesting?

a) Blood and mucous in the faeces
b) Fatigue
c) Loss of appetite
d) Urgent bowel

930. The following fruits can be eaten by a person with Crohn's Disease except:

a) Mango
b) Papaya
c) Strawberries
d) Cantaloupe

931. Which of the following statements made by client diagnosed with hepatitis A needs further understanding of the disease.

a) Washing hands before cooking food
b) Refraining from sexual intimacy and kissing while symptoms still present
c) Towels and flannels can be shared with children

932. A client is diagnosed with hepatitis A. which of the following statements made by client indicates understanding of the disease

a) Sexual intimacy and kissing is not allowed
b) Does require hospitalization
c) Transmitted only through blood transfusions
d) Any planned surgery need to be postponed

933. Your patient has Diverticulitis for about a decade now. You have assessed her to be having soft stools of Type 4/5. Which of the following will need urgent intervention?

a) She is losing a lot of electrolytes in her body, and this needs to be replaced.
b) There is no urgency in this case, because patients with Diverticulitis are expected to have soft to loose stools.
c) She needs to be prescribed with fluid retention pills.
d) There is no urgency in this case because the stool is quite hard, and it should be fine.

934. The nurse is teaching the client with polycythemia vera about prevention of complications of the disease. Which of the following statements by the client indicates a need for further teaching?

A. "I will drink 500mL of fluid or less each day."
B. "I will wear support hose."
C. "I will check my blood pressure regularly."
D. "I will report ankle edema."

935. Where is the best site for examining for the presence of petechiae in an African American client?

A. The abdomen
B. The thorax
C. The earlobes
D. The soles of the feet

936. A 21-year-old male with Hodgkin's lymphoma is a senior at the local university. He is engaged to be married and is to begin a new job upon graduation. Which of the following diagnoses would be a priority for this client?

A. Sexual dysfunction related to radiation therapy
B. Anticipatory grieving related to terminal illness
C. Tissue integrity related to prolonged bed rest
D. Fatigue related to chemotherapy

937. A client has autoimmune thrombocytopenic purpura. To determine the client's response to treatment, the nurse would monitor:

A. Platelet count
B. White blood cell count
C. Potassium levels
D. Partial prothrombin time (PTT)

938. The home health nurse is visiting a client with autoimmune thrombocytopenic purpura(ATP). The client's platelet count currently is 80,000. It will be most important to teach the client and family about:

A. Bleeding precautions
B. Prevention of falls
C. Oxygen therapy
D. Conservation of energy

939. The client has surgery for removal of a Prolactinoma. Which of the following interventions would be appropriate for this client?

A. Place the client in Trendelenburg position for postural drainage.
B. Encourage coughing and deep breathing every two hours.
C. Elevate the head of the bed 30°.
D. Encourage the Valsalva maneuver for bowel movements.

940. A client with hemophilia has a nosebleed. Which nursing action is most appropriate to control the bleeding?

A. Place the client in a sitting position.
B. Administer acetaminophen (Tylenol).
C. Pinch the soft lower part of the nose.
D. Apply ice packs to the forehead

941. A client has had a unilateral adrenalectomy to remove a tumor. The most important measurement in the immediate post-operative period for the nurse to take is:

A. The blood pressure
B. The temperature
C. The urinary output

D. The specific gravity of the urine

942. A client with Addison's disease has been admitted with a history of nausea and vomiting for the past three days. The client is receiving IV glucocorticoids (SoluMedrol). Which of the following interventions would the nurse implement?

A. Glucometer readings as ordered
B. Intake/output measurements
C. Evaluating the sodium and potassium levels
D. Daily weights

943. The physician has ordered a histoplasmosis test for the elderly client. The nurse is aware that histoplasmosis is transmitted to humans by:

d) Cats
e) Dogs
f) Turtles
g) Birds

944. Ms. jane is to have a pelvic exam, which of the following should the nurse do first

1) Have the client remove all her clothes, socks & shoes
2) Have the client go to the bathroom & void saving a sample
3) Place the client in lithotomy position on the exam table
4) Assemble all the equipment needed for the examination

945. Which roommate would be most suitable for the six-year-old male with a fractured femur in Russell's traction?

A. 16-year-old female with scoliosis
C. 10-year-old male with sarcoma
D. 6-year-old male with osteomylitis

946. A client with osteoarthritis has a prescription for Celebrex (celecoxib). Which instruction should be included in the discharge teaching?

A. Take the medication with milk.

B. Report chest pain.
C. Remain upright after taking for 30 minutes.
D. Allow six weeks for optimal effects.

947. A client with a total hip replacement requires special equipment. Which equipment would assist the client with a total hip replacement with activities of daily living?

A. High-seat commode
B. Recliner
C. TENS unit
D. Abduction pillow

948. A client with a fractured tibia has a plaster-of-Paris cast applied to immobilize the fracture. Which action by the nurse indicates understanding of a plaster-of-Paris cast? The nurse:

A. Handles the cast with the fingertips
B. Petals the cast
C. Dries the cast with a hair dryer
D. Allows 24 hours before bearing weight

949. The teenager with a fiberglass cast asks the nurse if it will be okay to allow his friends to autograph his cast. Which response would be best?

A. "It will be alright for your friends to autograph the cast."
B. "Because the cast is made of plaster, autographing can weaken the cast."
C. "If they don't use chalk to autograph, it is okay."
D. "Autographing or writing on the cast in any form will harm the cast."

950. The elderly client is admitted to the emergency room. Which symptom is the client with a fractured hip most likely to exhibit?

A. Pain
B. Disalignment
C. Cool extremity
D. Absence of pedal pulses

951. The nurse is aware that the best way to prevent post-operative wound infection in the surgical client is to:

A. Administer a prescribed antibiotic.
B. Wash her hands for two minutes before care.
C. Wear a mask when providing care.
D. Ask the client to cover her mouth when she coughs.

952. Which of the following instructions should be included in the nurse's teaching regarding oral contraceptives?

A. Weight gain should be reported to the physician.
B. An alternate method of birth control is needed when taking antibiotics.
C. If the client misses one or more pills, two pills should be taken per day for one week.
D. Changes in the menstrual flow should be reported to the physician.

953. A client with diabetes asks the nurse for advice regarding methods of birth control. Which method of birth control is most suitable for the client with diabetes?

A. Intrauterine device
B. Oral contraceptives
C. Diaphragm
D. Contraceptive sponge

954. A client tells the nurse that she plans to use the rhythm method of birth control. The nurse is aware that the success of the rhythm method depends on the:

A. Age of the client
B. Frequency of intercourse
C. Regularity of the menses
D. Range of the client's temperature

955. A client in the family planning clinic asks the nurse about the most likely time for her to conceive. The nurse explains that conception is most likely to occur when:

A. Estrogen levels are low
B. Lutenizing hormone is high
C. The endometrial lining is thin
D. The progesterone level is low

956. The rationale for inserting a French catheter every hour for the client with epidural anaesthesia is:

A. The bladder fills more rapidly because of the medication used for the epidural.
B. Her level of consciousness is such that she is in a trancelike state.
C. The sensation of the bladder filling is diminished or lost.
D. She is embarrassed to ask for the bedpan that frequently.

957. A 25-year-old client with a goiter is admitted to the unit. What would the nurse expect the admitting assessment to reveal?

A. Slow pulse
B. Anorexia
C. Bulging eyes
D. Weight gain

958. Which action is contraindicated in the client with epiglottis?

A. Ambulation
B. Oral airway assessment using a tongue blade
C. Placing a blood pressure cuff on the arm
D. Checking the deep tendon reflexes.

959. What would the nurse expect the admitting assessment to reveal in a client with glomerulonephritis?

A. Hypertension
B. Lassitude
C. Fatigue
D. Vomiting and diarrhea

960. A client with AIDS has a viral load of 200 copies per ml. The nurse should interpret this finding as:

A. The client is at risk for opportunistic diseases.
B. The client is no longer communicable.
C. The client's viral load is extremely low so he is relatively free of circulating virus.

961. The nurse is teaching the mother regarding treatment for pedicalosis capitis. Which instruction should be given regarding the medication?

A. Treatment is not recommended for children less than 10 years of age.
B. Bed linens should be washed in hot water.
C. Medication therapy will continue for one year.
D. Intravenous antibiotic therapy will be ordered.

962. The five-year-old is being tested for enterobiasis (pinworms). Which symptom is associated with enterobiasis?

A. Rectal itching
B. Nausea
C. Oral ulcerations
D. Scalp itching

963. The client with AIDS should be taught to:

A. Avoid warm climates.
B. Refrain from taking herbals.
C. Avoid exercising.
D. Report any changes in skin color.

964. The client is admitted following cast application for a fractured ulna. Which finding should be reported to the doctor?

A. Pain at the site
B. Warm fingers
C. Pulses rapid
D. Paresthesia of the fingers

965. A client is admitted to the unit two hours after an explosion causes burns to the face. The nurse would be most concerned with the client developing which of the following?

A. Hypovolemia
B. Laryngeal edema
C. Hypernatremia
D. Hyperkalemia

966. The client presents to the clinic with a serum cholesterol of 275mg/dL and is placed on rosuvastatin (Crestor). Which instruction should be given to the client taking rosuvastatin (Crestor)?

A. Report muscle weakness to the physician.
B. Allow six months for the drug to take effect.
C. Take the medication with fruit juice.
D. Report difficulty sleeping.

967. The client is admitted to the hospital with hypertensive crises. Diazoxide (Hyperstat) is ordered. During administration, the nurse should:

A. Utilize an infusion pump.
B. Check the blood glucose level.
C. Place the client in Trendelenburg position.
D. Cover the solution with foil.

968. The client is admitted with left-sided congestive heart failure. In assessing the client for edema, the nurse should check the:

A. Feet
B. Neck
C. Hands
D. Sacrum

969. The best method of evaluating the amount of peripheral edema is:

A. Weighing the client daily

B. Measuring the extremity
C. Measuring the intake and output
D. Checking for pitting

970. A client with leukemia is receiving Trimetrexate. After reviewing the client's chart, the physician orders Wellcovorin (leucovorin calcium). The rationale for administering leucovorin calcium to a client receiving Trimetrexate is to:

A. Treat iron-deficiency anemia caused by chemotherapeutic agents
B. Create a synergistic effect that shortens treatment time
C. Increase the number of circulating neutrophils
D. Reverse drug toxicity and prevent tissue damage

971. The physician has prescribed Nexium (esomeprazole) for a client with erosive gastritis. The nurse should administer the medication:

A. 30 minutes before a meal
B. With each meal
C. In a single dose at bedtime
D. 30 minutes after meals

972. A client is admitted to the hospital with a temperature of 99.8°F, complaints of blood tinged hemoptysis, fatigue, and night sweats. The client's symptoms are consistent with a diagnosis of:

A. Pneumonia
B. Reaction to antiviral medication
C. Tuberculosis
D. Superinfection due to low CD4 count

973. The client is seen in the clinic for treatment of migraine headaches. The drug Imitrex (sumatriptan succinate) is prescribed for the client. Which of the following in the client's history should be reported to the doctor?

A. Diabetes
B. Prinzmetal's angina
C. Cancer
D. Cluster headaches

974. The client with suspected meningitis is admitted to the unit. The doctor is performing an assessment to determine meningeal irritation and spinal nerve root inflammation. A positive Kernig's sign is charted if the nurse notes:

A. Pain on flexion of the hip and knee
B. Nuchal rigidity on flexion of the neck
C. Pain when the head is turned to the left side
D. Dizziness when changing positions

975. A client with a diagnosis of HPV is at risk for which of the following?

A. Hodgkin's lymphoma
B. Cervical cancer
C. Multiple myeloma
D. Ovarian cancer

976. During the initial interview, the client reports that she has a lesion on the perineum. Further investigation reveals a small blister on the vulva that is painful to touch. The nurse is aware that the most likely source of the lesion is:

A. Syphilis
B. Herpes
C. Gonorrhea
D. Condylomata

977. A client has cancer of the pancreas. The nurse should be most concerned about which nursing diagnosis?

A. Alteration in nutrition
B. Alteration in bowel elimination
C. Alteration in skin integrity
D. Ineffective individual coping

978. The nurse is caring for a client with uremic frost. The nurse is aware that uremic frost is often seen in clients with:

A. Severe anemia
B. Arteriosclerosis

C. Liver failure
D. Parathyroid disorder

979. The nurse working the organ transplant unit is caring for a client with a white blood cell count of 450. During evening visitation, a visitor brings a basket of fruit. What action should the nurse take?

A. Allow the client to keep the fruit.
B. Place the fruit next to the bed for easy access by the client.
C. Offer to wash the fruit for the client.
D. Ask the family members to take the fruit home.

980. The nurse is caring for the client following a laryngectomy when suddenly the client becomes nonresponsive and pale, with a BP of 90/40. The initial nurse's action should be to:

A. Place the client in Trendelenburg position.
B. Increase the infusion of normal saline.
C. Administer atropine intravenously.
D. Move the emergency cart to the bedside.

981. The client admitted two days earlier with a lung resection accidentally pulls out the chest tube. Which action by the nurse indicates understanding of the management of chest tubes?

A. Order a chest x-ray.
B. Reinsert the tube.
C. Cover the insertion site with a Vaseline gauze.
D. Call the doctor.

982. A client being treated with sodium warfarin (Coumadin) has a Protime of 120 seconds. Which intervention would be most important to include in the nursing care plan?

A. Assess for signs of abnormal bleeding.
B. Anticipate an increase in the Coumadin dosage.
C. Instruct the client regarding the drug therapy.
D. Increase the frequency of neurological assessments.

983. The nurse is monitoring a client following a lung resection. The hourly output from the chest tube was 300mL. The nurse should give priority to:

A. Turning the client to the left side
B. Milking the tube to ensure patency
C. Slowing the intravenous infusion
D. Notifying the physician

984. The nurse is providing discharge teaching for the client with leukemia. The client should be told to avoid:

A. Using oil- or cream-based soaps
B. Flossing between the teeth
C. The intake of salt
D. Using an electric razor

985. The physician has ordered a minimal-bacteria diet for a client with neutropenia. The client should be taught to avoid eating:

A. Fruits
B. Salt
C. Pepper
D. Ketchup

986. A client hospitalized with MRSA is placed on contact precautions. Which statement is true regarding precautions for infections spread by contact?

A. The client should be placed in a room with negative pressure.
B. Infection Requires close contact; therefore, the door may remain open.
C. Transmission is highly likely, so the client should wear a mask at all times.
D. Infection Requires skin-to-skin contact and is prevented by hand washing, gloves, and a gown.

987. During a home visit, a client with AIDS tells the nurse that he has been exposed to measles. Which action by the nurse is most appropriate?

A. Administer an antibiotic.

B. Contact the physician for an order for immune globulin.
C. Administer an antiviral.
D. Tell the client that he should remain in isolation for two weeks.

988. The primary reason for rapid continuous rewarming of the area affected by frostbite is to:

A. Lessen the amount of cellular damage
B. Prevent the formation of blisters
C. Promote movement
D. Prevent pain and discomfort

989. A client with an abdominal cholecystectomy returns from surgery with a Jackson-Pratt drain. The chief purpose of the Jackson-Pratt drain is to:

A. Prevent the need for dressing changes
B. Reduce edema at the incision
C. Provide for wound drainage
D. Keep the common bile duct open

990. A client with bladder cancer is being treated with iridium seed implants. The nurse's discharge teaching should include telling the client to:

A. Strain his urine
B. Increase his fluid intake
C. Report urinary frequency
D. Avoid prolonged sitting

991. Following a heart transplant, a client is started on medication to prevent organ rejection. Which category of medication prevents the formation of antibodies against the new organ?

A. Antivirals
B. Antibiotics
C. Immunosuppressants
D. Analgesics

992. The nurse is preparing a client for cataract surgery. The nurse is aware that the procedure will use:

A. Mydriatics to facilitate removal
B. Miotic medications such as Timoptic
C. A laser to smooth and reshape the lens
D. Silicone oil injections into the eyeball

993. A client with pancreatic cancer has an infusion of TPN (Total Parenteral Nutrition). The doctor has ordered for sliding-scale insulin. The most likely explanation for this order is:

A. Total Parenteral Nutrition leads to negative nitrogen balance and elevated glucose levels.
B. Total Parenteral Nutrition cannot be managed with oral hypoglycemics.
C. Total Parenteral Nutrition is a high-glucose solution that often elevates the blood glucose levels.
D. Total Parenteral Nutrition leads to further pancreatic disease.

994. The nurse is preparing to discharge a client with a long history of polio. The nurse should tell the client that:

A. Taking a hot bath will decrease stiffness and spasticity.
B. A schedule of strenuous exercise will improve muscle strength.
C. Rest periods should be scheduled throughout the day.
D. Visual disturbances can be corrected with prescription glasses.

995. A temporary colostomy is performed on the client with colon cancer. The nurse is aware that the proximal end of a double barrel colostomy:

A. Is the opening on the client's left side
B. Is the opening on the distal end on the client's left side
C. Is the opening on the client's right side
D. Is the opening on the distal right side

996. The physician has prescribed ranitidine (Zantac) for a client with erosive gastritis. The nurse should administer the medication:

A. 30 minutes before meals
B. With each meal
C. In a single dose at bedtime
D. 60 minutes after meals

997. A client tells the nurse that she is allergic to eggs, dogs, rabbits, and chicken feathers. Which order should the nurse question?

A. TB skin test
B. Rubella vaccine
C. ELISA test
D. Chest x-ray

998. Which of the following diet instructions should be given to the client with recurring urinary tract infections?

A. Increase intake of meats.
B. Avoid citrus fruits.
C. Perform pericare with hydrogen peroxide.
D. Drink a glass of cranberry juice every day.

999. The client with enuresis is being taught regarding bladder retraining. The nurse should advise the client to refrain from drinking after:

A. 1900
B. 1200
C. 1000
D. 0700

1000. The client with a pacemaker should be taught to:

A. Report ankle edema
B. Check his blood pressure daily
C. Refrain from using a microwave oven
D. Monitor his pulse rate

1001. The client with colour blindness will most likely have problems distinguishing which of the following colours?

A. Orange
B. Violet
C. Red
D. White

1002. A client who has glaucoma is to have miotic eyedrops instilled in both eyes. The nurse knows that the purpose of the medication is to:

A. Anesthetize the cornea
B. Dilate the pupils
C. Constrict the pupils
D. Paralyze the muscles of accommodation

1003. Cataracts result in opacity of the crystalline lens. Which of the following best explains the functions of the lens?

A. The lens controls stimulation of the retina.
B. The lens orchestrates eye movement.
C. The lens focuses light rays on the retina.
D. The lens magnifies small objects.

1004. A client with cystic fibrosis is taking pancreatic enzymes. The nurse should administer this medication:

A. Once per day in the morning
B. Three times per day with meals
C. Once per day at bedtime
D. Four times per day

1005. Early ambulation prevents all complications except:

A. Chest infection and lung collapse
B. Muscle wasting
C. Thrombosis
D. Surgical site infection

1006. If your patient is unable to reposition themselves, how often should their position be changed?

a) 1 hourly
b) 2 hourly
c) 3 hourly
d) As often as possible

1007. Which of the following client should the nurse deal with first

a) A client who needs to be suctioned
b) A client who needs her dressing changed
c) A client who needs to be medicated for incisional pain
d) A client who is incontinent & needs to be cleaned

1008. The first techniques used to examine the abdomen of a client is:

a) Palpation
b) Auscultation
c) Percussion
d) Inspection

1009. After 2 hours in A and E, Barbara is now ready to be moved to another ward. You went back to tell her about this plan and noticed she was not responding. What is your next action as a priority

a) Assess for signs of life
b) Shout for help
c) Perform CPR
d) Keep the airway open

1010. You are monitoring a patient in the ICU when suddenly his consciousness drops and the size of one his pupil becomes smaller what should you do?

A. Refer to neurology team

B. Continue to monitor patient using GCS and record
C. Consider this as an emergency, prioritize abc & Call the doctor

1011. Mrs. A is posted for CT scan. Patient is afraid cancer will reveal during her scan. She asks "why is this test". What will be your response as a nurse?

a) Tell her that you will arrange a meeting with a doctor after the procedure
b) Give a health education on cancer prevention
c) Ignore her question and take her for the procedure
d) Understand her feelings and tell the patient that it is normal procedure.

1012. Severe bleeding is best characterised by:

A. moist skin and pinkish nailbeds
B. dry skin and pinkish nailbeds
C. moist skin and bluish nailbeds
D. dry skin and bluish nailbeds

1013. Which of the following would be an appropriate strategy in reorienting a confused patient to where her room is?

a) Place picture of her family on the bedside stand
b) Put her name in a large letter on her forehead
c) Remind the patient where her room is
d) Let the other residents know where the patient's room is

1014. MRSA means

A. Methilinase – Resistant Streptococcus Aureus
B. Methicillin-Resistant Streptococcus Aureus
C. Methilinase – Resistant Staphylococcus Aureus
D. Methicillin-Resistant Staphylococcus Aureus

1015. What is the preferred position for abdominal Paracenthesis?

A. Supine with head slightly elevated
B. Supine with knees bent
C. Prone
D. Side-lying

1016. Correct position for abdominal paracentesis.

A. Lie the patient supine in bed with the head raised 45–50 cm with a backrest
B. Sitting upright at 45 to 60
C. Sitting upright at 60 to 75°
D. Sitting upright at 75 to 90°

1017. A patient got admitted to hospital with a head injury. Within 15 minutes, GCS was assessed and it was found to be 15. After initial assessment, a nurse should monitor neurological status

a) Every 15 minutes
b) 30 minutes
c) 40 minutes
d) 60 minutes

1018. When a patient is being monitored in the PACU, how frequently should blood pressure, pulse and respiratory rate be recorded?

A. Every 5 minutes
B. Every 15 minutes
C. Once an hour
D. Continuously

1019. Mrs X is 89 years old and very frail. She has renal impairment and history of myocardial infarction. She needs support from staff to meet her nutritional needs. Which IV fluids are recommended for Mrs X?

a.) consider prescribing less fluid
b.) consider prescribing more fluid

c.) either of the above
d.) none of the above

1020. Population groups at higher risk of having a low vitamin D status include the following except:

a) People who have darker skin
b) People who have high exposure to the sun
c) People who have low exposure with the sun
d) People who cover their skin for cultural reasons

1021. You were on your rounds with one of the carers. You were turning a patient from his left to his right side. What would you do?

a.) Both of you can stay on one side of the bed as you turn your patient
b.) You go on the opposite side of the bed and use the bed sheet to turn your patient
c.) You keep the bed as low as possible because the patient might fall
d.) You go on the opposite side and grab the slide sheet to use

1022. The client has recently returned for having a thyroidectomy. The nurse should keep which of the following at the bedside?

h) A trachotomy set
i) A padded tongue blade
j) An endotracheal tube
k) An airway

1023. Nurses are not using a hoist to transfer patient. They said it was not well maintained. What would you do?

A. make a written report
B. complain verbally
C. take a picture for evidence
D. Do nothing

1024. What is primary care?

a) The accident and emergency room

b) GP practices, dental practices, community pharmacies and high street optometrists
c) First aid provided on the street

1025. What are the most common effect of inactivity?

a) Social isolation, loss of independence, exacerbation of symptoms, rapid loss of strength in lg muscles, de-conditioning of cardiovascular system leading to an increased risk of chest infection and pulmonary embolism
b) Loss of weight, frustration and deep vein thrombosis
c) Deep arterial thrombosis, respiratory infection, fear of movement, loss of consciousness, de-conditioning of cardiovascular system leading to an increased risk of angina
d) Pulmonary embolism, UTI, & fear of people

1026. Which strategy could the nurse use to avoid disparity in health care delivery?

a) Campaign for fixed nurse-patient ratios.
b) Care for more patients even if quality suffers
c) Request more health plan options
d) Recognize the cultural issue related to patient care.

1027. Why are physiological scoring systems or early warning scoring system used in clinical practice?

a) These scoring systems are carried out as part of a national audit so we know how sick patients are in the united kingdom
b) They enable nurses to call for assistance from the outreach team or the doctors via an electronic communication system
c) They help the nursing staff to accurately predict patient dependency on a shift by shift basis
d) The system provides an early accurate predictor of deterioration by identifying physiological criteria that alert the nursing staff to a patient at risk

1028. How can risk be reduced in the healthcare setting?

A) By setting targets which measure quality
B) Healthcare professionals should be encouraged to fill in incident forms; this will create a culture of "no blame"
C) Healthcare will always involve risks so incidents will always occur, we need to accept this
D) By adopting a culture of openness & transparency & exploring the root causes of patient safety incidents.

1029. You believe that an adult you know and support has been a victim of physical abuse that might be considered a criminal offence. What should you do to support the police in an investigation?

a) Question the adult thoroughly to get as much information as possible
b) Take photographs of any signs of abuse or other potential evidence before cleaning up the victim or the crime scene
c) Explain to the victim that you cannot speak to them unless a police officer is present
d) Make an accurate record of what the person has said to you

1030. If you witness or suspect there is a risk to the safety of people in your care and you consider that there is an immediate risk of harm, you should:

a) Report your concerns immediately, in writing to the appropriate person – Escalating concerns NMC
b) Ask for advice from your professional body if unsure on what actions to take
c) Protect client confidentiality
d) Refer to your employer's whistleblowing policy
e) Keep an accurate record of your concerns and action taken
f) All of the above

1031. Which of the following is not a component of end of life care?

a) resuscitation and defibrillation
b) reduce pain
c) maintain dignity
d) provide family support

1032. Which of the following senses is to fade last when a person dies?

a) hearing
b) smelling
c) seeing
d) speaking

1033. The nurse is discussing problem-solving strategies with a client who recently experienced the death of a family member and the loss of a full-time job. The client says to the nurse. 'I hear what you're saying to me, but it just isn't making any sense to me. I can't think straight now." The client is expressing feelings of:

a) Rejection
b) Overload
c) Disqualification
d) Hostility

1034. A newly diagnosed patient with Cancer says "I hate Cancer, why did God give it to me". Which stage of grief process is this?

a) Denial
b) Anger
c) Bargaining
d) Depression

1035. After death, who can legally give permission for a patient's body to be donated to medical science?

a) Only the patient, if they left instructions for this
b) The patient's spouse or next-of-kin
c) The patient's GP
d) The doctor in charge at the time of death

1036. Sue's passed away. Sue handled this death by crying and withdrawing from friend and family. As A nurse you would notice that sue's intensified grief is most likely a sign of which type of grief?

a) Distorted or exaggerated Grief
b) Anticipatory Grief
c) Chronic or Prolonged Grief
d) Delayed or Inhibited Grief

1037. Missy is 23 years old and looking forward to being married the following day. Missy's mother feels happy that her daughter is starting a new phase in her life but is feeling a little bit sad as well. When talking to Missy's mother you would explain this feeling to her as a sign of what?

a) Anticipated Grief
b) Lifestyle Loss

c) Situational Loss
d) Maturational Loss
e) Self Loss
f) All of the above

1038. A client is diagnosed with cancer and is told by surgery followed by chemotherapy will be necessary, the client states to the nurse, "I have read a lot about complementary therapies. Do you think I should try it?". The nurse responds by making which most appropriate statement?

a) It is a tendency to view one's own ways as best"
b) You need to ask your physician about it"
c) I would try anything that I could if I had cancer
d) There are many different forms of complementary therapies, let's talk about these therapies

1039. After the death of a 46 year old male client, the nurse approaches the family to discuss organ donation options. The family consents to organ donation and the nurse begins to process. Which of the following would be most helpful to the grieving family during this difficult time?

a) Calling the client, a donor
b) Provide care to the deceased client in a careful and loving way
c) Encourage the family to make a quick decision
d) Tell them that there is no time to all other family members for advice

1040. A critically ill client asks the nurse to help him die. Which of the following would be an appropriate response for the nurse to give this client?

a) Tel me why you feel death is your only option
b) How would you like to do this
c) Everyone dies sooner or later
d) Assisted suicide is illegal in this state

1041. A 42 year old female has been widowed for 3 years yet she becomes very anxious, sad, and tearful on a specific day in June. Which of the following is this widow experiencing?

a) Preparatory depression
b) Psychological isolation
c) Acceptance
d) Anniversary reaction

1042. The 4 year old son of a deceased male is asking questions about his father. Which of the following activities would be beneficial for this young child to participate in?

a) Nothing because he too young to understand death
b) Tell him his father has gone away, never to return
c) Tell him his father is sleeping
d) Explain that his father has died and give him the option of attending the funeral

1043. The hospice nurse has been working for two weeks without a day off. During this time, she has been present at the deaths of seven of her clients. Which of the following might be beneficial for this nurse?

a) Nothing
b) Provide her with an assistant
c) Suggest she take a few days off
d) Assign her to clients that aren't going to die for awhile

1044. The wife of a recently deceased male is contacting individuals to inform them of her husband's death. She decides, however, to drive to her parent's home to tell them in person instead of using the telephone. Of what benefit did this communication approach serve?

a) She needed to get out of the house
b) For the family to gain support from each other
c) No benefit
d) She was having a pathological grief response

1045. While providing care to a terminally ill client, the nurse is asked questions about death. Which of the following would be beneficial to support the client's spiritual needs?

a) Nothing
b) Ask if they want to die

c) Ask if they want anything special before they die
d) Provide support, compassion, and love

1046. A fully alert & competent 89 year old client is in end stage liver disease. The client says , "I'm ready to die," & refuses to take food or fluids . The family urges the client to allow the nurse to insert a feeding tube. What is the nurse's moral responsibility?

c) The nurse should obtain an order for a feeding tube
d) The nurse should encourage the client to reconsider the decision
e) The nurse should honour client's decision
f) The nurse must consider that the hospital can be sued if she honours the client's request

1047. A client is diagnosed with cancer what is your response?

a) Take her to another room and allow her to discuss with the husband
b) Tell them to wait in the room and I will come and talk to u after my duty

1048. when breaking bad news over phone which of the following statement is appropriate

a) I am sorry to tell you that your mother died
b) I am sorry to tell you that your mother has gone to heaven
c) I am sorry to tell you that your mother is no more
d) I am sorry to tell you that your mother passed away

1049. A patient who refuses to believe a terminal diagnosis is exhibiting

a) Regression
b) Mourning
c) Denial
d) Rationalization

1050. after breaking bad news of expected death to a relative over phone , she says thanks for letting us know and becomes silent. Which of the following statements made by nurse would be more empathetic

a) Say I will ask the doctor to call you
b) You seem stunned. You want me to help you think what you want to do next
c) Call me back if you have got any questions
d) Say can I help you with funeral arrangements

1051. The nurse cares for a client diagnosed with conversion reaction. The nurse identifies the client is utilizing which of the following defense mechanisms?

a) Introjection
b) Displacement
c) Identification
d) Repression

1052. A 52-year-old man is admitted to a hospital after sustaining a severe head injury in an automobile accident. When the patient dies, the nurse observes the patient's wife comforting other family members. Which of the following interpretations of this behavior is MOST justifiable?

A) She has already moved through the stages of the grieving process.
B) She is repressing anger related to her husband's death.
C) She is experiencing shock and disbelief related to her husband's death.
D) She is demonstrating resolution of her husband's death.

1053. A slow and progressive disease with no definite cure, only symptomatic Management?

a) Acute
b) Chronic
c) Terminal

1054. What is not included in Palliative Care?

a) Psychological support
b) Spiritual support

c) Resuscitation
d) Pain management

1055. What is the main aim of the End of Life Care Strategy (DH 2008)?

a) Identify a patient's preferred place of care
b) An assessment is used to identify how and where patients wish to be cared for at the end of life

1056. In which of the following situations might nitrous oxide (Entonox) be considered?

a) A wound dressing change for short term pain relief or the removal of a chest drain for reduction of anxiety.
b) Turning a patient who has bowel obstruction because there is an expectation that they may have pain from pathological fractures
c) For pain relief during the insertion of a chest drain for the treatment of a pneumothorax.
d) For pain relief during a wound dressing for a patient who has had radical head and neck cancer that involved the jaw.

1057. An adult is offered the opportunity to participate in research on a new therapy. The researcher ask the nurse to obtain the patient's consent. What is most appropriate for the nurse to take?

a) Be sure the patient understands the project before signing the consent form
b) Read the consent form to the patient & give him or her an opportunity to ask questions
c) Refuse to be the one to obtain the patient's consent
d) Give the form to the patient & tell him or her to read it carefully before signing it.

1058. A nurse should be able to show awareness of his/her role in health promotion and supporting a healthy lifestyle. Whilst providing health education to a group of patients with cancer about management of their non-healing wounds, it is important for one to:

a. Consider individual wound management priorities
b. Review the patient's treatment plan
c. Determine the locations of the wounds
d. Verify the types of cancer

1059. Margaret has been diagnosed with Hepatic Adenoma. Her results are as follows – benign tumor as shown on triphasic CT Scan and alpha feto proteins within normal range. She is asymptomatic and does not appear jaundice, but she appears to be very anxious. As a nurse, what will you initially do?

a) Sit down with Margaret and discuss about her fears; use therapeutic communication to alleviate anxiety
b) Refer her to a psychiatrist for treatment
c) Discuss invasive procedure with patient, and show her videos of the operation
d) Take her to the surgeon's clinic and discuss about consent for invasive procedure

1060. Mrs X has been admitted in the hospital due to Oedema of her thighs. One of her medications was Furosemide 40 mg tablets to be administered once daily. What should be done prior to administering Furosemide?

a. Check patient's blood pressure, and withhold Furosemide if it is low
b. Check patient's pupils, and withhold Furosemide if it is constricted
c. Swab your patient's wound and send the sample to pathology
d. Assess each of your patient's thighs by measuring its girth

1061. A patient who has had Parkinson's Disease for 7 years has been experiencing aphasia. Which health professional should you make a referral to with regards to his aphasia?

a. Occupational Therapist
b. Community Matron
c. Psychiatrist
d. Speech and Language Therapist

1062. Mrs X has developed Stevens - Johnson syndrome whilst on Carbamazepine. She is now being transferred from the ITU to a bay in a Medicine Ward. Which patients can Mrs X share a bay with?

a. A patient with MRSA
b. A patient with diarrhoea
c. A patient with fever of unknown origin
d. A patient with Stevens-Johnson Syndrome

1063. As the nurse on duty, you have noted that there has been an increasing number of cases of pressure sored in your nursing home. Which of the following is the best intervention?

a. Collaboration with the Multidisciplinary Team
b. Patient Advocacy
c. Reduce fragmentation and costs
d. Identify opportunities and develop policies to improve nursing practice

1064. You are dispending Morphine Sulphate in the treatment room, which has been witnessed by another qualified nurse. Your patient refuses the medication when offered. What will you do next?

a. Go back to the treatment room and write a line across your documentation on the CD book; sign it as refused
b. Dispose the medication using the denaturing kit, document as refused and disposed on the MARS, and write it on the nurse's notes.
c. Dispose the medication and document it on the patient's care plan
d. Store the medication in the CD pod for an hour, and then ask your patient again if he/she wants to take his medication

1065. Mr Smith has been diagnosed with Multiple Sclerosis 20 years ago. Due to impaired mobility, he has developed a Grade 4 pressure sore on his sacrum. Which health professional can provide you prescriptions for his dressing?

a. Dietician
b. Tissue Viability Nurse
c. Social Worker
d. Physiotherapist

1066. A resident is due for discharge from your nursing home. You have been his keyworker for the last five years, and his family has been appreciative of the care you have provided. One of the relatives has offered you cash in an envelope after saying goodbye. What should you do?

a. Say thank you, but refuse the offer politely.
b. Say thank you and accept the offer.
c. Accept the offer, and share it to your colleagues.
d. Accept the offer and keep it to yourself.

1067. One of your residents has been transferred from the hospital to your nursing home after having been admitted for a week due to a chest infection. On transfer, you have noted that he had several dressings on his thighs, which he has not had before. What should you do?

a. If the dressings are intact, document it on the nursing notes and indicate that the dressings need to be changed after 48 hours.
b. Change the dressings if they look soiled and document this on the wound assessment form.
c. Remove the dressings whether they are intact or not, assess the wounds, document this on the wound assessment form and redress the wounds.
d. All of the above.

1068. A 43-year-old African American male is admitted with sickle cell anemia. The nurse plans to assess circulation in the lower extremities every two hours. Which of the following outcome criteria would the nurse use?

A. Body temperature of 99°F or less
B. Toes moved in active range of motion
C. Sensation reported when soles of feet are touched
D. Capillary refill of < 3 seconds

1069. A 30-year-old male from Haiti is brought to the emergency department in sickle cell crisis. What is the best position for this client?

A. Side-lying with knees flexed
B. Knee-chest
C. High Fowler's with knees flexed
D. Semi-Fowler's with legs extended on the bed

1070. A 25-year-old male is admitted in sickle cell crisis. Which of the following interventions would be of highest priority for this client?

A. Taking hourly blood pressures with mechanical cuff
B. Encouraging fluid intake of at least 200mL per hour
C. Position in high Fowler's with knee gatch raised
D. Administering Tylenol as ordered

1071. Which of the following foods would the nurse encourage the client in sickle cell crisis to eat?

A. Steak
B. Cottage cheese
C. Popsicle
D. Lima beans

1072. A newly admitted client has sickle cell crisis. He is complaining of pain in his feet and hands. The nurse's assessment findings include a pulse oximetry of 92. Assuming that all the following interventions are ordered, which should be done first?

A. Adjust the room temperature
B. Give a bolus of IV fluids
C. Start O2
D. Administer meperidine (Demerol) 75mg IV push

1073. The nurse is instructing a client with iron-deficiency anemia. Which of the following meal plans would the nurse expect the client to select?

A. Roast beef, gelatin salad, green beans, and peach pie
B. Chicken salad sandwich, coleslaw, French fries, ice cream
C. Egg salad on wheat bread, carrot sticks, lettuce salad, raisin pie
D. Pork chop, creamed potatoes, corn, and coconut cake

1074. The nurse is monitoring a client following a lung resection. The hourly output from the chest tube was 300mL. The nurse should give priority to:

A. Turning the client to the left side
B. Milking the tube to ensure patency
C. Slowing the intravenous infusion
D. Notifying the physician

1075. The nurse is providing discharge teaching for the client with leukemia. The client should be told to avoid:

A. Using oil- or cream-based soaps
B. Flossing between the teeth

C. The intake of salt
D. Using an electric razor

1076. The nurse is assisting the physician with removal of a central venous catheter. To facilitate removal, the nurse should instruct the client to:

A. Perform the Valsalva maneuver as the catheter is advanced
B. Turn his head to the left side and hyperextend the neck
C. Take slow, deep breaths as the catheter is removed
D. Turn his head to the right while maintaining a sniffing position

1077. The physician has ordered a minimal-bacteria diet for a client with neutropenia. The client should be taught to avoid eating:

A. Fruits
B. Salt
C. Pepper
D. Ketchup

1078. A client with cancer of the pancreas has undergone a Whipple procedure. The nurse is aware that during the Whipple procedure, the doctor will remove the:

A. Head of the pancreas
C. Stomach and duodenum
D. Esophagus and jejunum

1079. A client who is admitted with an above-the-knee amputation tells the nurse that his foot hurts and itches. Which response by the nurse indicates understanding of phantom limb pain?

A. "The pain will go away in a few days."
B. "The pain is due to peripheral nervous system interruptions. I will get you some pain medication."
C. "The pain is psychological because your foot is no longer there."
D. "The pain and itching are due to the infection you had before the surgery."

1080. A client with an abdominal cholecystectomy returns from surgery with a Jackson-Pratt drain. The chief purpose of the Jackson-Pratt drain is to:

A. Prevent the need for dressing changes
B. Reduce edema at the incision
C. Provide for wound drainage
D. Keep the common bile duct open

1081. The nurse is preparing a client for cataract surgery. The nurse is aware that the procedure will use:

A. Mydriatics to facilitate removal
B. Miotic medications such as Timoptic
C. A laser to smooth and reshape the lens
D. Silicone oil injections into the eyeball

1082. A client with pancreatic cancer has an infusion of TPN (Total Parenteral Nutrition). The doctor has ordered for sliding-scale insulin. The most likely explanation for this order is:

A. Total Parenteral Nutrition leads to negative nitrogen balance and elevated glucose levels.
B. Total Parenteral Nutrition cannot be managed with oral hypoglycemics.
C. Total Parenteral Nutrition is a high-glucose solution that often elevates the blood glucose levels.
D. Total Parenteral Nutrition leads to further pancreatic disease.

1083. A temporary colostomy is performed on the client with colon cancer. The nurse is aware that the proximal end of a double barrel colostomy:

A. Is the opening on the client's left side
B. Is the opening on the distal end on the client's left side
C. Is the opening on the client's right side
D. Is the opening on the distal right side

1084. You have answered a phone call after receiving handover. The person you were talking to has explained that he needs to find out about his sister's condition. What should you initially do?

a) Discuss about his sister's condition and provide treatment options such as access to other resources in the community.
b) Check the patient's record and verify the caller's identity.
c) Refuse to divulge any information to the caller.
d) Discuss about his sister's condition and book an appointment for him to attend care plan reviews.

1085. A carer has reported that she has seen a resident fall off his bed. What initial assessment should be done?

a. Check the patient's Early Warning Score along with the Glasgow Coma Scale immediately.
b. Ask the patient if he is in pain; if so, administer painkillers immediately.
c. Dial 999 and request for an ambulance to take your patient to the hospital.
d. Contact the out-of-hours GP and request for a home visit.

1086. During your medical rounds, you have noted that Mrs X was upset. She has verbalised that she misses her family very much, and that no one has been to visit lately. What would likely be your initial intervention?

a. Contact Mrs X's family and encourage them to visit her during the weekend.
b. Sit next to Mrs X and listen attentively. Allow her to talk about things that cause her anxiety.
c. Collaborate with the GP for a care plan review and request for antidepressants to be prescribed.
d. All of the above.
e. None of the above.

1087. On admission of a service user, you have done an informal risk assessment for pressure sores, and you have noted that the patient is currently not at risk. What will be your next step?

a) Include the Repositioning Chart on your patient's daily notes, and instruct your carers/HCA's to turn your patient every two hours.
b) Alert the General Practitioner about your patient's condition.
c) Reassess your patient on a regular basis and document your observations.
d) Modify your patient's diet to maintain intact skin integrity.

1088. You were on the phone with a family member, and one of the carers has reported that one of your residents has stopped breathing and turned blue. What should you do first?

a) End your conversation with the family member, attend to your patient and do the CPR.

b) End your conversation with the family member, go to your patient's bedroom and assess for airway, breathing and circulation.
c) End your conversation with the family member, and dial 999 to request for an ambulance.
d) Dial 111, and request for an urgent visit from the General Practitioner.

1089. Mr Smith has just been certified dead by the General Practitioner. However, no arrangements have been made by the family. What should you do first?

a) Check patient's records for the next of kin details, and contact them to discuss about funeral services.
b) Ring the co-operative and arrange for the undertaker to pick up Mr Smith as soon as possible.
c) Contact the GP and discuss about how to deal with Mr Smith.
d) Contact your manager and enquire about dealing with Mr Smith.

1090. Mr Marriott, 21 years old, has been complaining of foul smelling urine, pain on urination and night sweats. What further assessment should be done to check if he has Urinary Tract Infection?

a) Assess his blood pressure.
b) Take a urine sample and send it to the lab.
c) Do the buccal swab and send the specimen to the lab.
d) Check his prothrombin time and signs of bleeding.

1091. A patient with a nutritional deficit and a MUST Score of 2 and above is of high risk. What should be done?

a. Refer the patient to the dietician, the Nutritional Support Team and implement local policy.
b. Observe and document dietary intake for three days.
c. Repeat screening weekly or monthly depending on the patient's food intake during the last 72 hours.
d. All of the above.

1092. According to the National Institute for Health and Care Excellence (NICE) Guidelines, examples of the Personal Protective Equipment are:

a. Tunic top, vascular access devices, surgical scissors
b. Gloves, aprons, face mask and goggles

c. Gloves, cannula, aprons and syringes
d. All of the above
e. None of the above

1093. Based on the National Institute for Health and Care Excellence (NICE) Guidelines, which of the following is incorrect about sharps container?

a. It must be located in a safe position and height to avoid spillage.
b. It should be temporarily closed when not in use.
c. It must not be filled above the fill line.
d. It must not be filled below the fill line.

1094. How do you prevent the spread on infection when nursing a patient with long term urinary catheters?

a) Patients and carers should be educated about and trained in techniques of hand decontamination, insertion of intermittent catheters where applicable, and catheter management before discharge from hospital.
b) Urinary drainage bags should be positioned below the level of the bladder, and should not be in contact with the floor.
c) Bladder instillations or washouts must not be used to prevent catheter-associated infections.
d) All of the above.

1095. Mrs Hannigan has been assessed to be on nutritional deficit with a MUST Score of 1, which means that she is on medium risk. One of your interventions is to modify her diet for her to meet her nutritional needs. What should you consider?

a. Mrs Hannigan's meal preferences.
b. Mrs Hannigan's intake and output records.
c. Mrs Hannigan's x-ray results.
d. A and B
e. B and C

1096. Your patient has been recently prescribed with PEG feeding with a resting period of 4 hours. After two weeks of starting the routine, he has been having episodes of loose stool. What could be done?

a) Refer him to a dietician and review for a longer resting period between feeds.
b) Refer him to the tissue viability nurse for his peg site.

c) Examine his abdomen and assess for lumps.
d) Examine his peg site, and apply metronidazole ointment if swollen.

1097. You are preparing a client with Acquired Immunodeficiency Syndrome (AIDS) for discharge to home. Which of the following instructions should the nurse include?

a) Avoid sharing things such as razors and toothbrushes.
b) Do not share eating utensils with family members.
c) Limit the time you spend in public places.
d) Avoid eating food from serving dishes shared with others.

1098. A patient with a Bipolar Disorder makes a sexually inappropriate comment to the nurse. One should take which of the following actions?

a. Ignore the comment because the client has a mental health disorder and cannot help it.
b. Report the comment to the nurse manager.
c. Ignore the comment, but tell the incoming nurse to be aware of the client's propensity to make inappropriate comments.
d. Tell the client that is it inappropriate for clients to speak to any nurse that way.

1099. You are nursing an adult patient with a long-bone fracture. You encourage your patient to move fingers and toes hourly, to change positions slightly every hour, and to eat high-iron foods as part of a balanced diet. Which of the following foods or beverages should you advise the client to avoid whilst on bed rest?

a) Fruit juices
b) Large amounts of milk or milk products
c) Cranberry juice cocktail
d) No need to avoid any foods while on bed rest

1100. The nurse is preparing to make rounds. Which client should be seen first?

a) 1 year old with hand and foot syndrome
b) 69 year old with congestive heart failure
c) 40 **year** old resolving pancreatitis
d) 56 year old with Cushing's disease

1101. The nurse sat an older man on the toilet in a six-bed hospital bay. Using her judgement, she recognised that he was at risk of falling and so left the toilet door ajar. In the meantime, the nurse went to make his bed on the other side of the bay. On turning around, she noticed that the patient had fallen onto the toilet floor. What should be her initial intervention?

a) Immobilise the patient and conduct a thorough assessment, checking for injuries
b) Call for help immediately
c) Press the emergency call button immediately
d) Check the patient for injuries and transfer him to the wheelchair

1102. A patient with Leukaemia was about to receive a transfusion of blood platelets. The experiences nurse on duty in the ward noticed small clumps visible in the platelet pack and questions whether the transfusion should proceed. What should the nurse do?

a. Proceed with platelet transfusion and monitor for signs of rejection
b. Withhold platelet transfusion and document it on the patient's chart
c. Ring the blood bank and enquire about the platelet pack received
d. All of the above

1103. You are about to administer Morphine Sulfate to a paediatric patient. The information written on the controlled drug book was not clearly written – 15 mg or 0.15 mg. What will you do first?

a. Not administer the drug, and wait for the General Practitioner to do his rounds
b. Administer 0.15 mg, because 15 mg is quite a big dose for a paediatric patient
c. Double check the medication label and the information on the controlled drug book; ring the chemist to verify the dosage
d. Ask a senior staff to read the medication label with you

1104. Mr Smith is 89 years old with Prostate Cancer. He was advised that the only treatment available for him was palliative care after Transurethral Resection of the Prostate. What is your main task as a coordinator of care in the multidisciplinary team?

a.) One should be able to organise the services identified in the care plan and across other agencies.
b.) Assess the patient for respiratory complications caused by gas exchange alterations due to old age.
c.) Sit down with the patient and ask for the frequency of his bowel elimination
d.) Document the patient's capability of self-care activities and the support he needs to carry out activities of daily living.

1105. A diabetic patient with suspected Liver Tumor has been prescribed with Triphasic CT Scan. Which medication needs to be on hold after the scan?

a.) Furosemide
b.) Metformin
c.) Docusate Sodium
d.) Paracetamol

1106. An 82 year old lady was admitted to the hospital for assessment of her respiratory problems. She has been a long term smoker in spite of her daughter advising her to stop. Based on your assessment, she has lost a substantial amount of weight. How will you assess her nutritional status?

a) Check her height and weight, so you can determine her BMI, BMI Score and Nutritional Care Plan
b) Use the respiratory and perfusion assessment chart on admission
c) Check if she is struggling to chew and swallow, and make a referral to the Speech and Language Therapist
d) All of the above

.

1107. John, 26 years old, was admitted to the hospital due to multiple gunshot wounds on his abdomen. On nutritional assessment in the ICU, the patient's height and weight were estimated to be 1.75 m and 75 kg, respectively, with a normal body mass index (BMI) of 24.5 kg/m2. He was started on Parenteral Nutrition support on day one post admission. Postoperatively, the patient developed worsening renal function and required dialysis. In critical care, what would be most likely recommended for him to meet his nutritional need?

a) Starting Parenteral Nutrition early in patients who are unlikely to tolerate enteral intake within the next three days
b) Starting with a slightly lower than required energy intake (25 kCal/kg)
c) A range of protein requirements (1.3-1.5 g/kg)
d) All of the above
e) None of the above

1108. You are currently working in a nursing home. One of the service users is struggling to swallow or chew his food. To whom do you make a referral to?

a) Tissue Viability Nurse
b) Social Worker
c) Speech and Language Therapist
d) Care Manager

1109. What are the six physiological parameters incorporated into the National Early Warning Scores?

a) Respiratory rate, oxygen saturation, temperature, systolic blood pressure, pulse rate and level of consciousness
b) Biomarkers, oxygen saturation, temperature, systolic blood pressure, pulse rate and level of consciousness
c) Oxygen saturation, temperature, systolic blood pressure, pulse rate, level of consciousness and oedema
d) Temperature, systolic blood pressure, pulse rate, level of consciousness, oedema and pupillary reaction
e) all of the above

1110. Mr C's mother was admitted to hospital following a fall at home and it was clearly documented that his mother suffered from diabetes. Mr C contacted the Trust concerning the Trust's failure to make adequate discharge arrangements for his mother including the necessary arrangements to ensure that his mother would be provided with insulin following her discharge. What needs to be implemented to avoid such concern/complaint in the future?

a.) Diabetic Liaison Nurse to work with service users in the community
b.) On-line training for blood glucose monitoring introduced within the Trust
c.) Diabetics to have their blood sugar recorded within four hours prior to discharge
d.) A and C only
e.) all of the above

1111. Julie, 50 years old, was admitted to the hospital with gastrointestinal bleed presumed to be oesophageal varices. It has been recommended that she needs to be transfused with blood; however, due to her religious and personal beliefs, she needed volume expanding agents. Unfortunately, she died a few hours after admission. Before dying, she said that it was God's will, which she believed was right. Which of the following statements is false?

a) Health professionals should be aware of imposing one's world view upon others and strive to be more receptive and sensitive to the needs of others.
b) Individual choice, consent and the right to refuse treatment is important.
c) It is important for all health professionals to do any means to keep a patient alive regardless of traditions and beliefs.

d) None of the Above

.

1112. Paulena, 57 years old, suffered from a very dense left sided Cerebrovascular Accident / Stroke. She was unconscious and unresponsive for several days with IV fluids for hydration. Since her recovery from stroke, she has been prescribed to commence enteral feeding through a fine bore nasogastric tube, in which she signed her consent in front of her who have always been supportive of her decisions. However, she tends to pull out her NGT when she is by herself in her room. She died of malnutrition after a few days. Which of the following statements is true?

a) Nurses should have the empathy to listen to more than just the spoken word.
b) Nurses should practice in accordance to Pauleena's best interest while providing support to the family and listening to their concerns and wishes.
c) Paulena needs to be supported with questions related to mortality and meaning of life. Therapeutic communication is also essential.
d) All of the above

1113. An adult patient with Nasogastric Tube died in a medical ward due to aspiration of fluids. Staff nurse on duty believes that she has flushed the tube and believed it is patent. What should NOT have been done?

a) Nothing should be introduced down the tube before gastric placement is confirmed.
b) Internal guidewires should not be lubricated before gastric placement is confirmed.
c) Auscultate the patient's stomach as you push some air in, and if you cannot hear anything, flush it.
d) It is important to check the position of the tube by measuring the pH value of stomach contents.

1114. The following are ways to assess a patient's fluid and electrolyte status except:

a.) pulse, blood pressure, capillary refill and jugular venous pressure
b.) presence of pulmonary or peripheral oedema
c.) presence of postural hypertension
d.) biomarkers

1115. You were assigned to change the dressing of a patient with diabetic foot ulcer. You were not sure if the wound has sloughy tissues or pus. How will you carry out your assessment?

a.) Sloughy tissue is a mass of dead tissues in your wound bed, while pus is a thick yellowish/greenish opaque liquid produced in an infected wound.

b.) Sloughy tissues are exactly the same as pus, and they both have a yellowish tinge.
c.) Sloughy tissues and pus are similar to each other; both are found on the wound bed tissue and indicative of a dying tissue.
d.) The presence of sloughy tissues and pus are an indication of non-surgical debridement.
e.) All of the above
f.) None of the above

1116. Which of the following sets of needs should be included in your service user's person centred care plan?

a.) social, spiritual and academic needs
b.) medical, psychological and financial needs
c.) physical, medical, social, psychological and spiritual needs
d.) a and b only
e.) all of the above
f.) None of the above

1117. Annie, one of the residents in the nursing home, has not yet had her mental capacity assessment done. She has been making decisions that you personally think are not beneficial for her. Which of the following should not be implemented?

a.) Force her to change her mind every time she makes a decision
b.) Explain the benefits of making the right decision
c.) Allow her to make her own decision, as she still has mental capacity
d.) All of the above

1118. A complaint has been raised by one of the service user's relatives. Which of the following should you not document?

a.) the person's name
b.) the date and time of complaint made
c.) the complaint itself
d.) the person's country of origin

1119. Which of the following sets of needs should be included in your service user's person centred care plan?

a.) social, spiritual and academic needs
b.) medical, psychological and financial needs
c.) physical, medical, social, psychological and spiritual needs

d.) a and b only
e.) all of the above

1120. Mr Z called for your assistance and wanted you to sit with him for a bit. He has disclosed confidential information about his personal life. Which of the following should you urgently deal with?

a.) history of gall stones
b.) presence of pacemaker
c.) suicidal connotations
d.) loss of appetite due to depression

1121. You were on duty, and you have noticed that the syringe driver is not working properly. What should you do?

a.) ask someone to fix it
b.) report this to your supervisor immediately
c.) leave this for the senior staff to sort out
d.) recommend a person to repair it

1122. A patient in one of your bays has called for staff. She needed assistance with "spending a penny". What will you do?

a.) Ask her if she wants a hot or cold drink, and give her one as requested
b.) Assist her to walk to the vending machine, and let her choose what she wants to buy
c.) Assist her to walk to the toilet, and provide her with some privacy
d.) Help her find her purse, and ask her what time she will be ready to go out

1123. Betty has been assessed to be very confused and with impaired mobility. She wants to go to the dining room for her meal, but she wants a cardigan before doing so. What will you do?

a.) Give her wet wipes for her hands before dinner
b.) Disregard the cardigan and take her to the dining room
c.) Ask her what she means by a cardigan
d.) Make her comfortable in a wheelchair, and cover her legs with a blanket

1124. Mrs A is 90 years old and has been admitted to the nursing home. The staff seem to have difficulty dealing with her family. One day, during your shift, Mrs A fell off a chair. You have assessed her, and no injuries have been noted. Which of the following is a principle of the Duty of Candour?

a.) You will not ring the family since there is no injury caused by the fall.
b.) You have liaised with the lead nurse, and she decided not to ring the family due to no harm.
c.) Observe the patient, take her physical observations, and ask if you must call the family.
d.) All of the above
e.) None of the above

1125. Maggie has been very physically and verbally aggressive towards other patients and staff for the last few weeks. She is now on one-to-one care, 24 hours a day. According to her person centred care plan, the nurses are looking after her very well preventing her from causing any harm. Behaviour has been discussed with the social worker, and clinical lead has applied for DoLS. Which of the following is correct?

a.) DoLS will allow staff to intervene depriving Maggie from doing something to hurt herself, other residents, and staff
b.) DoLS refers to protecting the other patients only from Maggie's destructive behaviour.
c.) DoLS protects the nurses and doctors only when providing care for Maggie.
d.) DoLS protects Maggie only from committing suicide.

1126. You were assisting Mrs X with personal care and hygiene. She has been assessed to have mental capacity. In her wardrobe, you have seen a dress that is quite difficult to wear and a pair of trousers, which is quite easy to put on. You are trying to make a decision which one to put on her. Which of the following is a person centred intervention?

a.) Ask her what she prefers; show her the clothes and let her choose
b.) Let Mrs X wear her trousers
c.) Explain to her that the dress is so difficult to put on
d.) Tell her that the trousers will make her more comfortable if she chooses it

1127. Documentation confirms that Amy has MRSA. You walked into her bedroom with coffee and biscuits on a tray. Which of the following is incorrect?

a.) Put the coffee and biscuits on her bedside table and leave the tray on the other table
b.) Wash your hands thoroughly before leaving her room
c.) Dispose your gloves and apron before washing your hands

d.) Use the alcohol gel on Amy's bedside before leaving her room

1128. Which of the following is the most important in infection control and prevention?

a.) Wearing gloves and apron at all times
b.) Hand washing
c.) immediate prescription of antibiotics
d.) Use of hand rubs in the bedside

1129. There has been an outbreak of the Norovirus in your clinical area. Majority of your staff have rang in sick. Which of the following is incorrect?

a.) Do not allow visitors to come in until after 48h of the last episode
b.) Tally the episodes of diarrhoea and vomiting

c.) Staff who has the virus can only report to work 48h after last episode
d.) Ask one of the staff who is off-sick to do an afternoon shift on same day

1130. Alan appears to be very confused today. He seems to be quite verbally aggressive towards staff. His urine has also got a bit of foul smell. How would you assess this resident?

a.) Check his papillary response to light
b.) Collect a urine sample for MSU
c.) Carry out the urine dipstick
d.) b and c
e.) None of the above

1131. You are working in a nursing home (morning shift), and one of your residents is still in the hospital. Nothing has been documented since admission. What would you do?

a.) Ring the family and find out what happened to the resident
b.) Speak to your manager and tell her about it
c.) Ring the ward and request for an update from the nurse on duty
d.) Document that the resident is still in the hospital

1132. One of your residents in the nursing home has requested for a glass of whiskey before she goes to bed. What would you do?

a.) Refuse to give it / ignore the request
b.) Explain that the whiskey will cause her harm
c.) Give her a shot of whiskey, as requested
d.) Give her a glass of apple juice and tell her it is whiskey

1133. One of your health care assistants came to you saying that she could not continue with her rounds due to a bad back. What will you do first?

a.) Document the incident and report to the manager.
b.) Ring for agency staff to cover the shift.
c.) Assess your colleague's back and administer pain killers.
d.) Send her home and cover her work yourself to help the team.

1134. A client has an order for streptokinase. Before administering the medication, the nurse should assess the client for:

a) Allergies to pineapples and bananas
b) A history of streptococcal infections
c) Prior therapy with phenytoin
d) A history of alcohol abuse

1135. The nurse is providing discharge teaching for the client with leukemia. The client should be told to avoid:

a) Using oil- or cream-based soaps

b) Flossing between the teeth
c) The intake of salt
d) Using an electric razor

1136. The nurse is monitoring a client following a lung resection. The hourly output from the chest tube was 300mL. The nurse should give priority to:

e) Turning the client to the left side
f) Milking the tube to ensure patency
g) Slowing the intravenous infusion
h) Notifying the physian

1137. The infant is admitted to the unit with tetralogy of Fallot. The nurse would anticipate and order for which medication?

a) Digoxin
b) Epinephrine
c) Aminophyline
d) Atropine

1138. The client with clotting disorder has an order to continue Lovenox (Enoxaparin) injections after discharge. The nurse should teach the client that Lovenox injections should:

a) Be injected into the deltoid muscle
b) Be injected into the abdomen
c) Aspirate after the injection
a) Clear the air from the syringe before injections

1139. The nurse has a preop order to administer Valium (diazepam) 10mg and Phenergan (promethazine) 25mg. The correct method of administering these medications is to:

a) Administer the medications together in one syringe
b) Administer the medication separately
c) Administer the Valium, wait five minutes, and then inject the Phenergan
d) Question the order because they cannot be given at the same time

1140. Nurses who seek to enhance their cultural-competency skills and apply sensitivity towards are committed to which professional nursing value?

a) Autonomy
b) Strong commitment to service
c) Belief in the dignity and worth of each person
d) Commitment to education

1141. A client had a total thyroidectomy yesterday. The client is complaining of tingling around the mouth and in the fingers and toes. What would the nurses' next action be?

A. Obtain a crash cart.
B. Check the calcium level.
C. Assess the dressing for drainage.
D. Assess the blood pressure for hypertension.

1142. A 32-year-old mother of three is brought to the clinic. Her pulse is 52, there is a weightgain of 30 pounds in four months, and the client is wearing two sweaters. The client is diagnosed with hypothyroidism. Which of the following nursing diagnoses is of highest priority?

A. Impaired physical mobility related to decreased endurance
B. Hypothermia r/t decreased metabolic rate
C. Disturbed thought processes r/t interstitial edema
D. Decreased cardiac output r/t bradycardia

1143. The client presents to the clinic with a serum cholesterol of 275mg/dL and is placed on rosuvastatin (Crestor). Which instruction should be given to the client taking rosuvastatin (Crestor)?

A. Report muscle weakness to the physician.
B. Allow six months for the drug to take effect.
C. Take the medication with fruit juice.
D. Report difficulty sleeping.

1144. The client is admitted to the hospital with hypertensive crises. Diazoxide (Hyperstat) is ordered. During administration, the nurse should:

A. Utilize an infusion pump.
B. Check the blood glucose level.
C. Place the client in Trendelenburg position.
D. Cover the solution with foil.

1145. The client admitted with angina is given a prescription for nitroglycerine. The client should be instructed to:

A. Replenish his supply every three months.
B. Take one every 15 minutes if pain occurs.
C. Leave the medication in the brown bottle.
D. Crush the medication and take with water.

1146. The client is instructed regarding foods that are low in fat and cholesterol. Which diet selection is lowest in saturated fats?

A. Macaroni and cheese
B. Shrimp with rice
C. Turkey breast
D. Spaghetti with meat sauce

1147. The nurse is checking the client's central venous pressure. The nurse should place the zero of the manometer at the:

A. Phlebostatic axis
B. PMI
C. Erb's point
D. Tail of Spence

1148. The physician orders lisinopril (Zestril) and furosemide (Lasix) to be administered concomitantly to the client with hypertension. The nurse should:

A. Question the order.
B. Administer the medications.

C. Administer separately.
D. Contact the pharmacy.

1149. The best method of evaluating the amount of peripheral edema is:

A. Weighing the client daily
B. Measuring the extremity
C. Measuring the intake and output
D. Checking for pitting

1150. A client with vaginal cancer is being treated with a radioactive vaginal implant. The client's husband asks the nurse if he can spend the night with his wife. The nurse should explain that:

A. Overnight stays by family members is against hospital policy.
B. There is no need for him to stay because staffing is adequate.
C. His wife will rest much better knowing that he is at home.
D. Visitation is limited to 30 minutes when the implant is in place.

1151. The nurse is caring for a client hospitalized with a facial stroke. Which diet selection would be suited to the client?

A. Roast beef sandwich, potato chips, pickle spear, iced tea
B. Split pea soup, mashed potatoes, pudding, milk
C. Tomato soup, cheese toast, Jello, coffee
D. Hamburger, baked beans, fruit cup, iced tea

1152. The physician has prescribed Novalog insulin for a client with diabetes mellitus. Which statement indicates that the client knows when the peak action of the insulin occurs?

A. "I will make sure I eat breakfast within 10 minutes of taking my insulin."
B. "I will need to carry candy or some form of sugar with me all the time."
C. "I will eat a snack around three o'clock each afternoon."
D. "I can save my dessert from supper for a bedtime snack."

1153. A client with leukemia is receiving Trimetrexate. After reviewing the client's chart, the physician orders Wellcovorin (leucovorin calcium). The rationale for administering leucovorin calcium to a client receiving Trimetrexate is to:

A. Treat iron-deficiency anemia caused by chemotherapeutic agents
B. Create a synergistic effect that shortens treatment time
C. Increase the number of circulating neutrophils
D. Reverse drug toxicity and prevent tissue damage

1154. The physician has prescribed Nexium (esomeprazole) for a client with erosive gastritis. The nurse should administer the medication:

A. 30 minutes before a meal
B. With each meal
C. In a single dose at bedtime
D. 30 minutes after meals

1155. A client is admitted to the hospital with a temperature of 99.8°F, complaints of blood tinged hemoptysis, fatigue, and night sweats. The client's symptoms are consistent with a Diagnosis of:

A. Pneumonia
B. Reaction to antiviral medication
C. Tuberculosis
D. Superinfection due to low CD4 count

1156. The client is seen in the clinic for treatment of migraine headaches. The drug Imitrex (sumatriptan succinate) is prescribed for the client. Which of the following in the client's history should be reported to the doctor?

A. Diabetes
B. Prinzmetal's angina
C. Cancer
D. Cluster headaches

1157. The client with suspected meningitis is admitted to the unit. The doctor is performing an assessment to determine meningeal irritation and spinal nerve root inflammation. A positive Kernig's sign is charted if the nurse notes:

A. Pain on flexion of the hip and knee

B. Nuchal rigidity on flexion of the neck
C. Pain when the head is turned to the left side
D. Dizziness when changing positions

1158. The client with confusion says to the nurse, "I haven't had anything to eat all day long. When are they going to bring breakfast?" The nurse saw the client in the day room eating breakfast with other clients 30 minutes before this conversation. Which response would be best for the nurse to make?

A. "You know you had breakfast 30 minutes ago."
B. "I am so sorry that they didn't get you breakfast. I'll report it to the charge nurse."
C. "I'll get you some juice and toast. Would you like something else?"
D. "You will have to wait a while; lunch will be here in a little while."

1159. The doctor has prescribed Exelon (rivastigmine) for the client with Alzheimer's disease. Which side effect is most often associated with this drug?

A. Urinary incontinence
B. Headaches
C. Confusion
D. Nausea

1160. A client with a diagnosis of HPV is at risk for which of the following?

A. Hodgkin's lymphoma
B. Cervical cancer
C. Multiple myeloma
D. Ovarian cancer

1161. During the initial interview, the client reports that she has a lesion on the perineum. Further investigation reveals a small blister on the vulva that is painful to touch. The nurse is aware that the most likely source of the lesion is:

A. Syphilis
B. Herpes
C. Gonorrhea

D. Condylomata

1162. A client visiting a family planning clinic is suspected of having an STI. The best diagnostic test for treponema pallidum is:

A. Venereal Disease Research Lab (VDRL)
B. Rapid plasma reagin (RPR)
C. Florescent treponemal antibody (FTA)
D. Thayer-Martin culture (TMC)

1163. A primigravida with diabetes is admitted to the labor and delivery unit at 34 weeks gestation. Which doctor's order should the nurse question?

A. Magnesium sulfate 4gm (25%) IV
B. Brethine 10mcg IV
C. Stadol 1mg IV push every 4 hours as needed prn for pain
D. Ancef 2gm IVPB every 6 hours

1164. The client has elected to have epidural anaesthesia to relieve labour pain. If the client experiences hypotension, the nurse would:

A. Place her in Trendelenburg position.
B. Decrease the rate of IV infusion.
C. Administer oxygen per nasal cannula.
D. Increase the rate of the IV infusion.

1165. A client has cancer of the pancreas. The nurse should be most concerned about which nursing diagnosis?

A. Alteration in nutrition
B. Alteration in bowel elimination
C. Alteration in skin integrity
D. Ineffective individual coping

1166. The nurse is caring for a client with uremic frost. The nurse is aware that uremic frost is often seen in clients with:

A. Severe anemia
B. Arteriosclerosis
C. Liver failure
D. Parathyroid disorder

1167. The client arrives in the emergency department after a motor vehicle accident. Nursing assessment findings include BP 80/34, pulse rate 120, and respirations 20. Which is the client's most appropriate priority nursing diagnosis?

A. Alteration in cerebral tissue perfusion
B. Fluid volume deficit
C. Ineffective airway clearance
D. Alteration in sensory perception

1168. The home health nurse is visiting an 18-year-old with osteogenesis imperfecta. Which information obtained on the visit would cause the most concern? The client:

A. Likes to play football
B. Drinks carbonated drinks
C. Has two sisters
D. Is taking acetaminophen for pain

1169. The nurse working the organ transplant unit is caring for a client with a white blood cell count of 450. During evening visitation, a visitor brings a basket of fruit. What action should the nurse take?

A. Allow the client to keep the fruit.
B. Place the fruit next to the bed for easy access by the client.
C. Offer to wash the fruit for the client.
D. Ask the family members to take the fruit home.

1170. The nurse is caring for the client following a laryngectomy when suddenly the client becomes nonresponsive and pale, with a BP of 90/40. The initial nurse's action should be to:

A. Place the client in Trendelenburg position.
B. Increase the infusion of normal saline.

C. Administer atropine intravenously.
D. Move the emergency cart to the bedside.

1171. The client admitted two days earlier with a lung resection accidentally pulls out the chest tube. Which action by the nurse indicates understanding of the management of chest tubes?

A. Order a chest x-ray.
B. Reinsert the tube.
C. Cover the insertion site with a Vaseline gauze.
D. Call the doctor.

1172. A client being treated with sodium warfarin (Coumadin) has a Protime of 120 seconds. Which intervention would be most important to include in the nursing care plan?

A. Assess for signs of abnormal bleeding.
B. Anticipate an increase in the Coumadin dosage.
C. Instruct the client regarding the drug therapy.
D. Increase the frequency of neurological assessments.

1173. The client has recently been diagnosed with diabetes. Which of the following indicates understanding of the management of diabetes?

A. The client selects a balanced diet from the menu.
B. The client can tell the nurse the normal blood glucose level.
C. The client asks for brochures on the subject of diabetes.
D. The client demonstrates correct insulin injection technique.

1174. Which action by the healthcare worker indicates a need for further teaching?

A. The nursing assistant ambulates the elderly client using a gait belt.
B. The nurse wears goggles while performing a venopuncture.
C. The nurse washes his hands after changing a dressing.
D. The nurse wears gloves to monitor the IV infusion rate.

1175. The registered nurse is making assignments for the day. Which client should be assigned to the pregnant nurse?

A. The client with HIV
B. The client with a radium implant for cervical cancer
C. The client with RSV (respiratory synctial virus)
D. The client with cytomegalovirus

1176. The nurse is planning room assignments for the day. Which client should be assigned to a private room if only one is available?

A. The client with methicillin resistant-staphylococcus aureas (MRSA)
B. The client with diabetes
C. The client with pancreatitis
D. The client with Addison's disease

1177. Which nurse should not be assigned to care for the client with a radium implant for vaginal cancer?

A. The LPN who is six months postpartum
B. The RN who is pregnant
C. The RN who is allergic to iodine
D. The RN with a three-year-old at home

1178. Which information should be reported to the state Board of Nursing?

A. The facility fails to provide literature in both Spanish and English.
B. The narcotic count has been incorrect on the unit for the past three days.
C. The client fails to receive an itemized account of his bills and services received during his hospital stay.
D. The nursing assistant assigned to the client with hepatitis fails to feed the client and give the bath.

1179. A mother calls the home care nurse & tells the nurse that her 3 year old child has ingested liquid furniture polish. the home care nurse would direct the mother immediately to

1) Induce vomiting
2) Bring the child to the ER
3) Call an ambulance
4) Call the poison control centre

1180. A two-year-old is admitted for repair of a fractured femur and is placed in Bryant's traction. Which finding by the nurse indicates that the traction is working properly?

A. The infant no longer complains of pain.
B. The buttocks are 15° off the bed.
C. The legs are suspended in the traction.
D. The pins are secured within the pulley.

1181. A priority nursing diagnosis for a child being admitted from surgery following a tonsillectomy is:

A. Altered nutrition
B. Impaired communication
C. Risk for injury/aspiration
D. Altered urinary elimination

1182. The nurse is discussing meal planning with the mother of a two-year-old. Which of the following statements, if made by the mother, would require a need for further instruction?

A. "It is okay to give my child white grape juice for breakfast."
B. "My child can have a grilled cheese sandwich for lunch."
C. "We are going on a camping trip this weekend, and I have bought hot dogs to grill for his lunch."
D. "For a snack, my child can have ice cream."

1183. Before administering eardrops to a toddler, the nurse should recognize that it is essential to consider which of the following?

A. The age of the child
B. The child's weight
C. The developmental level of the child
D. The IQ of the child

1184. The mother calls the clinic to report that her newborn has a rash on his forehead and face. Which action is most appropriate?

A. Tell the mother to wash the face with soap and apply powder.
B. Tell her that 30% of newborns have a rash that will go away by one month oflife.
C. Report the rash to the doctor immediately.
D. Ask the mother if anyone else in the family has had a rash in the last six months.

1185. The best size cathlon for administration of a blood transfusion to a six-year-old is:

A. 18 gauge
B. 19 gauge
C. 22 gauge
D. 20 gauge

1186. The toddler is admitted with cardiac anomaly. The nurse is aware that the infant with a ventricular septal defect will:

a) Tire easily
b) Grow normally
c) Need more calories
d) Be more susceptible to viral infections

1187. The nurse is caring for the client with a five-year-old diagnosis of plumbism. Which information in the health history is most likely related to the development of plumbism?

A. The client has traveled out of the country in the last six months.
B. The client's parents are skilled stained-glass artists.
C. The client lives in a house built in 1990.
D. The client has several brothers and sisters.

1188. A child with scoliosis has a spica cast applied. Which action specific to the spica cast should be taken?

A. Check the bowel sounds.

B. Assess the blood pressure.
C. Offer pain medication.
D. Check for swelling.

1189. To maintain Bryant's traction, the nurse must make certain that the child's:

A. Hips are resting on the bed, with the legs suspended at a right angle to the bed
B. Hips are slightly elevated above the bed and the legs are suspended at a right angle to the bed
C. Hips are elevated above the level of the body on a pillow and the legs are suspended parallel to the bed
D. Hips and legs are flat on the bed, with the traction positioned at the foot of the bed

1190. A six-month-old client is placed on strict bed rest following a hernia repair. Which toy is best suited to the client?

A. Colorful crib mobile
B. Hand-held electronic games
C. Cars in a plastic container
D. 30-piece jigsaw puzzle

1191. The toddler is admitted with a cardiac anomaly. The nurse is aware that the infant with a ventricular septal defect will:

A. Tire easily
B. Grow normally
C. Need more calories
D. Be more susceptible to viral infections

1192. A four-month-old is brought to the well-baby clinic for immunization. In addition to the DPT and polio vaccines, the baby should receive:

A. Hib titer
B. Mumps vaccine
C. Hepatitis B vaccine
D. MMR

1193. The five-year-old is being tested for enterobiasis (pinworms). Which symptom isassociated with enterobiasis?

A. Rectal itching
B. Nausea
C. Oral ulcerations
D. Scalp itching

1194. The six-month-old client with a ventral septal defect is receiving Digitalis for regulation of his heart rate. Which finding should be reported to the doctor?

A. Blood pressure of 126/80
B. Blood glucose of 110mg/dL
C. Heart rate of 60bpm
D. Respiratory rate of 30 per minute

1195. The nurse is caring for a client admitted to the emergency room after a fall. X-rays reveal that the client has several fractured bones in the foot. Which treatment should the nurse anticipate for the fractured foot?

A. Application of a short inclusive spica cast
B. Stabilization with a plaster-of-Paris cast
C. Surgery with Kirschner wire implantation
D. A gauze dressing only

1196. The client is admitted following cast application for a fractured ulna. Which finding should be reported to the doctor?

A. Pain at the site
B. Warm fingers
C. Pulses rapid
D. Paresthesia of the fingers

1197. The nurse is caring for a client admitted with multiple trauma. Fractures include the pelvis, femur, and ulna. Which finding should be reported to the physician immediately?

A. Hematuria
B. Muscle spasms
C. Dizziness
D. Nausea

1198. The nurse is caring for a client admitted to the emergency room after a fall. X-rays reveal that the client has several fractured bones in the foot. Which treatment should the nurse anticipate for the fractured foot?

A. Application of a short inclusive spica cast
B. Stabilization with a plaster-of-Paris cast
C. Surgery with Kirschner wire implantation
D. A gauze dressing only

1199. A nurse obtains an order from a physician to restraint a client by using a jacket restraint. The nurse instructs nursing assistant to apply the restraint. Which of the following would indicate inappropriate application of the restraint by the nursing assistant.

1) A safety knot in the restraint straps
2) Restraint straps that are safely secured to the side rails
3) The jacket restraint secured such that two fingers can slide easily between the restraints & the client skin
4) Jacket restraint straps that do no tighten when force is applied against them

1200. A client has been voluntarily admitted to the hospital. The nurse knows that which of the following statements is inconsistent with this type of hospitalization?

1) The client retains all of his or her rights
2) the client has a right to leave if not a danger to self or others
3) the client can sign a written request for discharge
4) the client cannot be released without medical advice

1201. When caring for clients with psychiatric diagnoses, the nurse recalls that the purpose of psychiatric diagnoses or psychiatric labeling is to:

1) Identify those individuals in need of more specialized care.
2) Identify those individuals who are at risk for harming others.
3) Enable the client's treatment team to plan appropriate and comprehensive care.
4) Define the nursing care for individuals with similar diagnoses.

1202. A patient with a history of schizophrenia is admitted to the acute psychiatric care unit. He mutters to himself as the nurse attempts to take a history and yells, "I don't want to answer any more questions! There are too many voices in this room!" Which of the following assessment questions should the nurse ask NEXT?

A. "Are the voices telling you to do things?
B. "Do you feel as though you want to harm yourself or anyone else?"
C. "Who else is talking in this room? It's just you and me.
D. "I don't hear any other voices

1203. After two weeks of receiving lithium therapy, a patient in the psychiatric unit becomes depressed. Which of the following evaluations of the patient's behavior by the nurse would be MOST accurate?

(A) The treatment plan is not effective; the patient requires a larger dose of lithium.
(B) This is a normal response to lithium therapy; the patient should continue with the current treatment plan.
(C) This is a normal response to lithium therapy; the patient should be monitored for suicidal behavior.
(D) The treatment plan is not effective; the patient requires an antidepressant

1204. The client is having electroconvulsive therapy for treatment of severe depression. Prior to the ECT the nurse should:

A. Apply a tourniquet to the client's arm.
B. Administer an anticonvulsant medication.
C. Ask the client if he is allergic to shell fish.
D. Apply a blood pressure cuff to the arm.

1205. A client on the psychiatric unit is in an uncontrolled rage and is threatening other clients and staff. What is the most appropriate action for the nurse to take?

A. Call security for assistance and prepare to sedate the client.
B. Tell the client to calm down and ask him if he would like to play cards.
C. Tell the client that if he continues his behavior he will be punished.
D. Leave the client alone until he calms down.

1206. The nurse is interviewing a newly admitted psychiatric client. Which nursing statement is an example of offering a "general lead"?

1) "Do you know why you are here?"
2) "Are you feeling depressed or anxious?"
3) "Yes, I see. Go on."
4) "Can you chronologically order the events that led to your admission?"

1207. You were a new nurse in a geriatric ward. The son of one of your patients discussed that he has noticed his mother is not being treated well in the ward, and that she looks very dehydrated and malnourished. How do you deal with the scenario?

a.) Do not do anything, because it is not much of a concern
b.) Discuss the case with a colleague
c.) Report this to your supervisor
d.) Make a decision not to intervene – it will be dealt with by management

1208. The client is having electroconvulsive therapy for treatment of severe depression. Prior to the ECT the nurse should:

A. Apply a tourniquet to the client's arm.
B. Administer an anticonvulsant medication.
C. Ask the client if he is allergic to shell fish.
D. Apply a blood pressure cuff to the arm.

1209. A client is brought to the emergency room by the police. He is combative and yells, "I have to get out of here. They are trying to kill me." Which assessment is most likely correct in relation to this statement?

A. The client is experiencing an auditory hallucination.
B. The client is having a delusion of grandeur.
C. The client is experiencing paranoid delusions.
D. The client is intoxicated.

1210. A home care nurse performs a home safety assessment & discovers that a client is using a space heater to heather apartment . which of the following instructions would the nurse provide to the client regarding the use of the space heater.

1) A space heater shouldnot be used in an apartment
2) Space heater to be placed at least 3 feet from anything that can burn
3) The space heater should be placed in the hallway at night
4) The space heater should be kept at a low setting at all times

1211. The nurse cares for an elderly patient with moderate hearing loss. The nurse should teach the patient's family to use which of the following approaches when speaking to the patient?

(A) Raise your voice until the patient is able to hear you.
(B) Face the patient and speak quickly using a high voice.
(C) Face the patient and speak slowly using a slightly lowered voice.
(D) Use facial expressions and speak as you would formally

1212. An elderly client with an abdominal surgery is admitted to the unit following surgery. In anticipation of complications of anaesthesia and narcotic administration, the nurse should:

A. Administer oxygen via nasal cannula.
B. Have narcan (naloxane) available.
C. Prepare to administer blood products.
D. Prepare to do cardio resuscitation.

1213. The client with Alzheimer's disease is being assisted with activities of daily living when the nurse notes that the client uses her toothbrush to brush her hair. The nurse is aware that the client is exhibiting:

A. Agnosia
B. Apraxia
C. Anomia
D. Aphasia

1214. The client with dementia is experiencing confusion late in the afternoon and before bedtime. The nurse is aware that the client is experiencing what is known as:

A. Chronic fatigue syndrome
B. Normal aging
C. Sundowning
D. Delusions

1215. The nurse knows that a 60-year-old female client's susceptibility to osteoporosis is most likely related to:

A. Lack of exercise
B. Hormonal disturbances
C. Lack of calcium
D. Genetic predisposition

1216. A client with Alzheimer's disease is awaiting placement in a skilled nursing facility. Which long-term plans would be most therapeutic for the client?

A. Placing mirrors in several locations in the home
B. Placing a picture of herself in her bedroom
C. Placing simple signs to indicate the location of the bedroom, bathroom, and so on
D. Alternating healthcare workers to prevent boredom

1217. An 86 year old male with senile dementia has been physically abused & neglected for the past two years by his live in caregiver . He has since moved & is living with his son & daughter-in-law. Which response by the client's son would cause the nurse great concern?

1) " How can we obtain reliable help to assist us in taking care of Dad? We can't do it alone."
2) " Dad used to beat us kids all the time . I wonder if he remembered that when it happened to him?"
3) "I'm not sure how to deal with Dad's constant repetition of words."
4) "I plan to ask my sister & brother to help my wife & me with Dad on the weekends."

1218. Fiona, 70 years old, has recently been diagnosed with Type 2 Diabetes. You have devised a care plan to meet her nutritional needs. However, you have noted that she has poorly fitting dentures. Which of the following is the least likely risk to the service user?

a. Malnutrition
b. Hyperglycemia

c. Dehydration
d. Hypoglycemia

1219. A client with Alzheimer's disease is awaiting placement in a skilled nursing facility. Which long-term plans would be most therapeutic for the client?

A. Placing mirrors in several locations in the home
B. Placing a picture of herself in her bedroom
C. Placing simple signs to indicate the location of the bedroom, bathroom, and so on
D. Alternating healthcare workers to prevent boredom

1220. Nurses who seek to enhance their cultural-competency skills and apply sensitivity toward others are committed to which professional nursing value?

A. Autonomy
B. Strong commitment to service
C. Belief in the dignity and worth of each person
D. Commitment to education

1221. A client comes to the local clinic complaining that sometimes his heart pounds and he has trouble sleeping. The physical exam is normal. The nurse learns that the client has recently started a new job with expanded responsibilities and is worried about succeeding. Which of the following responses by the nurse is BEST?

A. "Have you talked to your family about your concerns?
B. You appear to have concerns about your ability to do your job
C. "You could benefit from counseling.
D. "It's normal to feel anxious when starting a new job."

1222. Which of the following tasks is crucial in therapeutic communication?

a.) Listening attentively to a service user's story
b.) Assessment of signs and symptoms
c.) Documenting an incident report
d.) All of the other answers

1223. The nonverbal communication that expresses emotion is:

1) Body positioning.
2) Eye contact
3) Cultural artifacts.
4) Facial expressions.

1224. To provide effective feedback to a client, the nurse will focus on:

1) The present and not the past.
2) Making inferences of the behaviors observed.
3) Providing solutions to the client.
4) The client.

1225. The nurse is interacting with a client and observes the client's eyes moving from side to side prior to answering a question. The nurse interprets this behavior as:

1) The client being bored with the interaction.
2) The client processing auditory information.
3) The client engaging in intrapersonal communication.
4) The client responding to auditory hallucinations

1226. Which therapeutic communication technique is being used in this nurse-client interaction? Client: "My father spanked me often." Nurse: "Your father was a harsh disciplinarian."

1) Restatement
2) Offering general leads
3) Focusing
4) Accepting

1227. Which therapeutic communication technique is being used in this nurse-client interaction? Client: "When I am anxious, the only thing that calms me down is alcohol." Nurse: "Other than drinking, what alternatives have you explored to decrease anxiety?"

1) Reflecting
2) Making observations
3) Formulating a plan of action
4) Giving recognition

1228. A nurse maintains an uncrossed arm and leg posture. This nonverbal behavior is reflective of which letter of the SOLER acronym for active listening?

1) S
2) O
3) L
4) E
5) R

1229. What is the purpose of a nurse providing appropriate feedback?

1) To give the client good advice
2) To advise the client on appropriate behaviors
3) To evaluate the client's behavior
4) To give the client critical information

1230. Which example of a therapeutic communication technique would be effective in the planning phase of the nursing process?

1) "We've discussed past coping skills. Let's see if these coping skills can be effective now."
2) "Please tell me in your own words what brought you to the hospital."
3) "This new approach worked for you. Keep it up."
4) "I notice that you seem to be responding to voices that I do not hear."

1231. During a nurse-client interaction, which nursing statement may belittle the client's feelings and concerns?

1) "Don't worry. Everything will be alright."

2) "You appear uptight."
3) "I notice you have bitten your nails to the quick."
4) "You are jumping to conclusions."

1232. According to the therapeutic communication theory, what criteria must be met for successful communication?

1) The communication needs to be efficient, appropriate, flexible, and include feedback.
2) The individuals communicating with each other must share a similar perception of the conversation.
3) The communication must be intrapersonal, interpersonal, group, or societal in nature.
4) Nonverbal communication is consistent with verbal communication

1233. According to Argyle (1988), when two people communicate what percentage of what is communicated is actually in the words spoken?

a) 90%
b) 50%
c) 23%
d) 7%

1234. Which of the following are barriers to effective communication?

a) Cultural differences
b) Unfamiliar accents
c) Overly technical language and terminology
d) Hearing problems
e) All the above

1235. Which of the following approaches creates a barrier to communication?

a) Using to many different skills during a single interaction
b) Giving advise rather than encouraging the patient to problem solve
c) Allowing the patient to become too anxious before changing the subject
d) Focusing on what the patient is saying rather than on the skill used

1236. A patient who doesn’t know English comes to hospital. Ur role?

A) Use a professional interpreter
B) Try to use nonverbal communication techs
C) Use the security who knows patient’s language

1237. When communicating with a client who speaks a different language, which best practice should the nurse implement?

a) Speak loudly & slowly
b) Arrange for an interpreter to translate
c) Speak to the client & family together
d) Stand close to the client & speak loudly

1238. When communicating with someone who isn't a native English speaker, which of the following is NOT advisable?

a) Using a translator
b) Use short, precise sentences
c) Relying on their family or friends to help explain what you mean
d) Write things down

1239. Mr Khan, is visiting his son in London when he was admitted in accident and emergency due to abdominal pain. Mr. Khan is from Pakistan and does not speak the English language. As his nurse, what is your best action:

a) Ask the relative
b) Ask a cleaner who speaks the same
c) Ask for an official interpreter
d) Transfer him to another hospital who can communicate with him

1240. During which part of the client interview would it be best for the nurse to ask, "What's the weather forecast for today?"

a) Introduction
b) Body
c) Closing

d) Orientation

1241. Which of these is an example of an open question?

a) Are you feeling better today?
b) When you said you are hurt, what do you mean?
c) Can you tell me what is concerning you?
d) Is that what you are looking for?

1242. **The nurse is most likely to collect timely, specific information by asking which of the following questions?**

A. "Would you describe what you are feeling?"
B. "How are you today?"
C. "What would you like to talk about?"
D. "Where does it hurt?"

1243. A client comes to the local clinic complaining that sometimes his heart pounds and he has trouble sleeping. The physical exam is normal. The nurse learns that the client has recently started a new job with expanded responsibilities and is worried about succeeding. Which of the following responses by the nurse is BEST?

A) Have you talked to your family about your concerns
B) You appear to have concerns about your ability to do your job
C) You could benefit from counselling
D) It's normal to feel anxious when starting a new job

1244. The nurse should avoid asking the client which of the following leading questions during a client interview.

A. "What medication do you take at home?"
B. "You are really excited about the plastic surgery, aren't you?"
C. "Were you aware I've has this same type of surgery?"
D. "What would you like to talk about?"

1245. Communication is not the message that was intended but rather the message that was received. The statement that best helps explain this is

a) Clean communication can ensure the client will receive the message intended
b) Sincerity in communication is the responsibility of the sender and the receiver
c) Attention to personal space can minimize misinterpretation of communication
d) Contextual factors, such as attitudes, values, beliefs, and self-concept, influence communication

1246. A nurse has been told that a client's communications are tangential. The nurse would expect that the clients verbal responses to questions would be:

a) Long and wordy
b) Loosely related to the questions
c) Rational and logical
d) Simplistic, short and incomplete

1247. When a patient arrives to the hospital who speaks a different language. Who is responsible for arranging an interpreter?

a) Doctor
b) Management
c) Registered Nurse

1248. What factors are essential in demonstrating supportive communication to patients?

a) Listening, clarifying the concerns and feelings of the patient using open questions.
b) Listening, clarifying the physical needs of the patient using closed questions
c) Listening, clarifying the physical needs of the patient using open questions
d) Listening, reflecting back the patient's concerns and providing a solution.

1249. Which behaviours will encourage a patient to talk about their concerns?

a) Giving reassurance and telling them not to worry.
b) Asking the patient about their family and friends.
c) Tell the patient you are interested in what is concerning them and that you are available to listen.
d) Tell the patient you are interested in what is concerning them and if they tell you, they will feel better.

1250. Mrs X is posted for CT scan. Patient is afraid cancer will reveal during her scan. She asks "why is this test". What will be your response as a nurse?

A. Understand her feelings and tell the patient that it is a normal procedure.
B. Tell her that you will arrange a meeting with doctor after the procedure.
C. Give a health education on cancer prevention
D. Ignore her question and take her for the procedure.

1251. Which therapeutic communication technique is being used in this nurse-client interaction? Client: "When I get angry, I get into a fistfight with my wife or I take it out on the kids." Nurse: "I notice that you are smiling as you talk about this physical violence."

a) Formulating a plan of action
b) Making observations
c) Exploring
d) Encouraging comparison

1252. Which nursing statement is a good example of the therapeutic communication technique of giving recognition?

a) I notice you are wearing a new dress and you have washed your hair"
b) You did not attend group today. Can we talk about that?
c) I'll sit with you until it is time for your family session
d) I'm happy that you are now taking your medications. They will really help

1253. Which nursing statement is good example of the therapeutic communication technique of focusing?

a) Your counselling session is in 30 minutes. I'll stay with you until then."
b) You mentioned your relationship with your father. Let's discuss that further
c) I'm having a difficult time understanding what you mean
d) Describe one of the best things that happened to you this week

1254. The nurse asks a newly admitted client, "What can we do to help you?" What is the purpose of this therapeutic communication technique?

A. To reframe the client's thoughts about mental health treatment
B. To put the client at ease
C. To explore a subject, idea, experience, or relationship
D. To communicate that the nurse is listening to the conversation

1255. Which therapeutic statement is a good example of the therapeutic communication technique of offering self?

a) Would you like me to accompany you to your electroconvulsive therapy treatment?"
b) I think it would be great if you talked about that problem during our next group session."
c) After discharge, would you like to meet me for lunch to review your outpatient progress?"
d) I notice that you are offering help to other peers in the milieu."

1256. Which therapeutic communication technique should the nurse use when communicating with a client who is experiencing auditory hallucinations?

a) I wouldn't worry about these voices,. The medication will make them disappear
b) Why not turn up the radio so that the voices are muted
c) My sister has the same diagnosis as you and she also hears voices
d) I understand that the voices seem real to you, but i do not hear any voices

1257. Which nursing response is an example of the nontherapeutic communication block of requesting an explanation?

a) keep your chin up. I'll explain the procedure to you
b) There is always an explanation for both good and bad behaviours

c) Can you tell me why you said that?
d) Are you not understanding the explanation I provided

1258. Which nursing response is an example of the nontherapeutic communication block of requesting an explanation?

A. "Can you tell me why you said that?"
B. "Keep your chin up. I'll explain the procedure to you."
C. "There is always an explanation for both good and bad behaviours."
D. "Are you not understanding the explanation I provided?"

1259. Which nursing statement is a good example of the therapeutic communication technique of giving recognition?

a) You did not attend group today. Can we talk about that?"
b) I'll sit with you until it is time for your family session.
c) "I notice you are wearing a new dress and you have washed your hair."
d) "I'm happy that you are now taking your medications. They will really help."

1260. Patient has just been told by the physician that she has stage lll uterine cancer. The patient says to the nurse, "I don't know what to do. How do I tell my husband?" and begins to cry. Which of the following responses by the nurse is the MOST therapeutic?

A. "It seems to be that this is a lot to handle. I'll stay here with you."
B. "How do you think would be best to tell your husband?"
C. "I think this will all be easier to deal with than you think."
D. "Why do you think this is happening to you?"

1261. Which of the following statements by a nurse would indicate an understanding of intrapersonal communications?

a) "Intrapersonal communications occur between two or more people."
b) "Intrapersonal communications occurs within a person"
c) "Interpersonal communications is the same as intrapersonal communications."
d) "Nurses should avoid using intrapersonal communications."

1262. Covert communication may include the following except:

a) Body language
b) tone of voice
c) appearance
d) eye contact

1263. Which of the following is NOT an example of non-verbal communication?

a) Dress
b) Facial expression
c) Posture
d) Tone

1264. What is supportive communication?

a) To listen and clarify using close-ended questions
b) A communication that seeks to preserve a positive relationship between the communicators while still addressing the problem at hand
c) It involves a self-perceived flaw that an individual refuse to admit to another person, a sensitivity to that flaw, and an attack by another person that focuses on the flaw
d) The face to face process of interacting that focuses on advancing the physical and emotional wellbeing of a patient.

1265. In non-verbal communication, what does SOLER stand for?

a) Squarely, open posture, leaning slightly forward, eye contact, relaxed
b) Squarely, open ended questions, leaning slightly forward, eye contact, relaxed
c) Squarely, open posture, leaning forward, eye contact, rested
d) Squarely, open ended questions, leaning slightly backwards, rested

1266. An example of a positive outcome of a nurse-health team relationship would be:

a) Receiving encouragement and support from co-workers to cope with the many stressors of the nursing role
b) Becoming an effective change agent in the community

c) An increased understanding of the family dynamics that affect the client
d) An increased understanding of what the client perceives as meaningful from his or her perspective

1267. Compassion is best described as:

a) showing empathy when delivering care
b) not answering relatives queries
c) giving patient some monies to buy unhealthy food
d) providing care without gaining consent

1268. The CQC describes compassion as what?

a) Intelligent Kindness
b) Smart confidence
c) Creative commitment
d) Gifted courage

1269. Compassion in Practice – the culture of compassionate care encompasses:

a) Care, Compassion, Competence, Communication, Courage, Commitment - DoH –"Compassion in Practice"
b) Care, Compassion, Competence
c) Competence, Communication, Courage
d) Care, Courage, Commitment

1270. What are the principles of communicating with a patient with delirium?

A. Use short statements & closed questions in a well –lit, quiet , familiar environment
B. Use short statements & open questions in a well lit, quiet , familiar environment
C. Write down all questions for the patient to refer back to
D. Communicate only through the family using short statements & closed questions

1271. What is the difference between denial & collusion?

A. Denial is when a healthcare professional refuses to tell a patient their diagnosis for the protection of the patient whereas collusion is when healthcare professionals & the patient agree on the information to be told to relatives & friends
B. Denial is when a patient refuses treatment & collusion is when a patient agrees to it
C. Denial is a coping mechanism used by an individual with the intention of protecting themselves from painful or distressing information whereas collusion is the withholding of information from the patient with the intention of 'protecting them'
D. Denial is a normal acceptable response by a patient to a life-threatening diagnosis whereas collusion is not

1272. If you were explaining anxiety to a patient, what would be the main points to include?

A. Signs of anxiety include behaviours such as muscle tension. palpitations ,a dry mouth , fast shallow breathing , dizziness & an increased need to urinate or defaecate
B. Anxiety has three aspects : physical – bodily sensations related to flight & fight response , behavioural – such as avoiding the situation , & cognitive (thinking) – such as imagining the worst
C. Anxiety is all in the mind , if they learn to think differently , it will go away
D. Anxiety has three aspects: physical – such as running away , behavioural – such as imagining the worse (catastrophizing) , & cognitive (thinking) – such as needing to urinate.

1273. Alan appears to be very confused today. He seems to be quite verbally aggressive towards staff. His urine has also got a bit of foul smell. How would you assess this resident?

a.) Check his papillary response to light
b.) Collect a urine sample for MSU
c.) Carry out the urine dipstick
d.) b and c
e.) None of the above

1274. On a psychiatric unit, the preferred milieu environment is BEST described as:

A. Providing an environment that is safe for the patient to express feelings.
B. Fostering a sense of well-being and independence in the patient.
C. Providing an environment that will support the patient in his or her therapeutic needs.
D. Fostering a therapeutic social, cultural, and physical environment.

1275. The wife of a client with PTSD (post traumatic stress disorder) communicates to the nurse that she is having trouble dealing with her husband's condition at home. Which of the following suggestions made by the nurse is CORRECT?

A. "Discourage your husband from exercising, as this will worsen his condition."
B. "Encourage your husband to avoid regular contact with outside family members."
C. "Do not touch or speak to your husband during an active flashback. Wait until it is finished to give him support."
D. "Keep your cupboards free of high-sugar and high-fat foods."

1276. When caring for clients with psychiatric diagnoses, the nurse recalls that the purpose of psychiatric diagnoses or psychiatric labeling is to:

a) Identify those individuals in need of more specialized care.
b) Identify those individuals who are at risk for harming others.
c) Enable the client's treatment team to plan appropriate and comprehensive care.
d) Define the nursing care for individuals with similar diagnoses.

1277. A client breathes shallowly and looks upward when listening to the nurse. Which sensory mode should the nurse plan to use with this client?

a) Auditory
b) Kinesthetic
c) Touch
d) Visual

1278. Which is the most appropriate phrase to communicate?

a) I'm sorry, your mother died.
b) I'm sorry, your mother gone to heaven
c) I'm sorry, your mother is no longer with us.
d) I'm sorry, your mother passed away.

1279. What factors are essential in demonstrating supportive communication to patients?

a) Listening, clarifying the concerns and feelings of the patient using open questions.
b) Listening, clarifying the physical needs of the patient using closed questions.
c) Listening, clarifying the physical needs of the patient using open questions.
d) Listening, reflecting back the patient's concerns and providing a solution.

1280. Which therapeutic communication technique should the nurse use when communicating with a client who is experiencing auditory hallucinations?

A. "My sister has the same diagnosis as you and she also hears voices."
B. "I understand that the voices seem real to you, but I do not hear any voices."
C. "Why not turn up the radio so that the voices are muted."
D. "I wouldn't worry about these voices. The medication will make them disappear."

1281. Which of the following is an open-ended question?

a.) Do you enjoy the activities in this care home?
b.) Do you like the food in the ward?
c.) Would you like me to take you out for a walk in the garden?
d.) What are your favourite activities in the home?

1282. Adam has not been able to communicate with the nurses on duty. Using nonverbal communication and gestures to help one identify a service user's needs is important because:

a.) the ability to communicate may be affected by illness
b.) It saves time and makes one more efficient.
c.) the service user may be distracted and might not enjoy talking to staff
d.) all of the above

1283. Over a period of 9 hours a patient is to receive half a liter of dextrose 4 % in 1/5 normal saline via a volumetric infusion pump. At what flow rate should the pump be set?

500
9

= 55,5

1284. A patient is prescribed 120 ml of Hartmann's solution to be given over 5 hours. The microdrip delivers 60 drops/ml. calculate the required drip rate in drops/min

24 drops per minute

Volume required (ml) x drop factor
Hours 60

120mls x 60
5 60

= 24 drops per minute

1285. At 22H00 hours on Thursday, 1 Liter of Saline is set to run at 80ml/hr. When will the infusion be finished:

Volume to be infused (ml)
rate (ml per hour)

1000ml
80ml

= 12H30 minutes

Answer: 10:30 am

1286. A Patient is to be given co-amoxiclav. The Recommended dosage is 20mg/kg/day, 3 doses per day. Calculate the size of a single dose if the patients weight is 24kg

Dosage required = prescription x body weight

20mg x 24kg = 480mg

480/3 = 160mg

1287. 450 mg of asprin is required. Stock on hand is 300mg tablets. How many tablets should be given?

Prescription for the patient
Stock strength available

= tablets

450mg
300mg

1½ tablets

1288. A solution contains paractamol 120mg/5ml. How many milligrams of paracetamol are in 40 ml of the solution.

120mg x 8

Because 5 ml = 120 and in 40ml there are 5mlx8 (40/5)

= 960 mg

1289. A patient is prescribed phenobarbitone 140mg. stock ampoules contain 200mg/ml. what volume must be withdrawn for injection?

Prescription for the patient X stock volume (ml)
Stock strength available

= volume given (ml)

140mg x 1ml
200mg

= 0,7 mls

1290. 800ml of fluid is to be given IV. The fluid is running at 70ml/hr for the first 5 hours than the rate is reduced to 60ml/hr. Calculate the total time taken to give 800ml.

70ml x 5 = 350mls

450/60ml = 7hours and 30 minutes

Total infusion time is: 7 hours 30 minutes + 5 hours = 12 hours 30 minutes

1291. One liter of Hartmann's solution is to be given over 12 hours. Calculate the flow rate of a volumetric infusion pump

Volume required for the patient (ml)
Time (hours)

1000ml
12

83,3 ml

= 83 ml

1292. 400mg of penicillin is to be given IV. One hand is penicillin 600mg in 2 ml. What volumes should be drawn up?

400ml x 2ml
600mg

= 800
600

= 1,3 ml

1293. A patient is prescribed benzylpenicillin 1200mg IV. Stock ampouls contain 1g in 5ml. is the volume to be drawn up for injection equal to 5ml, less than 5 ml or more than 5ml?

$$\frac{1200\text{mg} \times 5\text{mls}}{1000}$$

$$\frac{6000\text{mg}}{1000\text{mg}}$$

= 6mls this more than 5mls

1294. A vial of amoxilling 500mg is reconstituted with WFI to give a concentration of 200mg/ml. Calculate the volume of this solution to be drawn up for injection if the preparation is for 120mg.

$$\frac{120\text{mg}}{200\text{mg}}$$

0.6 mg

1295. 700ml of saline solution is to be given over 8 hours. The IV set delivers 20 drops/ml. What is the required drip rate?

$$\frac{\text{Volume required (ml)}}{\text{Hours}} \times \frac{\text{drop factor}}{60}$$

$$\frac{700\text{ml} \times 20}{8 \quad 60}$$

$$\frac{87.5 \times 1}{1 \quad 3}$$

= 29,1
= 29 drops per minute

1296. One gram of drextrose provide 16kj of energy. How many kilojouls does a patient receive form an infusion of half a litre of dextrose?

1g (1 000ml) = 16kg
500ml (½ a liter) = 16/2 = 8kj

1297. A patient is to be given amoxillin 175mg. What volume of solution should be drawn up for the injection if the consentration after dilution with water for injection is 300mg/ml

$$\frac{\text{Prescription for the patient} \times \text{stock volume (ml)}}{\text{Stock strength available}} = \text{volume given (ml)}$$

$$\frac{175\text{mg} \times 1}{300\text{mg}}$$

= 0.58 ml
= 0.6ml

1298. A post-operative patient is to receive a PCA infusion of fetanyl 350 micrograms in 35 ml of normal saline via a syringe pump. The PCA is set to give a bolus dose of 1 ml each time the button is pressed

a) What is the concentration of the fentanyl in saline solution?

$$\frac{350\text{mcg}}{35\text{ml}}$$

$$= \frac{0{,}35\text{mg}}{35}$$

= 0.01 mg

b) How much fentanyl is in each bolus dose

Amount of drug per bolus = concentration x volume

0.01mg x 1ml = 0.1mg

c) If the patient has 4 bolus doses between 11:00 and 12:00 hours on a Friday, how much fentanyl has the patient received in that hour?

4 bolus x 0.01mg = 0.04mg

1299. Mrs X has been ordered 100 ml to be infused over 45 minutes via a 20 drops/ml giving set. What drip rate should be set?

a. 50 drops per minute
b. 44 drops per minute
c. 41 drops per minute
d. 52 drops per minute

Volume x drop factor = drops per minute
Time in minutes (100 ml x 20 drops) / 45 minutes = 44.44 drops per minute

1300. A patient has been prescribed 1L of a saline solution. The rate is set at 150 ml/hr. How long will the infusion take?

a. 5 hours and 20 minutes
b. 4 hours and 40 minutes
c. 6 hours and 10 minutes
d. 6 hours and 36 minutes

1301. Doctor's order: Tylenol supp 1 g prq q 6 hr prn temp > 101; available: Tylenol supp 325 mg (scored). How many supp will you administer?

a) 2 supp
b) 1 supp

c) 3 supp
d) 5 supp

$\frac{1g}{325\ mg} \times \frac{1\,000\ mg}{1g} \times 1\ supp$

= 3. 08 or 3 supp

1302. Doctor's Order: Nafcillin 500mg po pc; Available: Nafcillin 1 gm tab (scored). How many tab will you administer per day?

a) 2.5 tabs
b) 2 tabs
c) 1.5 tabs
d) 1 tab

1g = 1,000mg

$\frac{500mg}{1g} \times \frac{1\ g}{1\,000mg} \times 3\ meals \times 1\ tab = 1.5\ tabs$

1303. Doctor's order: Synthroid 75 mcg po daily; Available: Synthroid 0.15mg tab (scored). How many tab will you administer?

a) 1 tab
b) O.5 tab
c) 2 tabs
d) 1.5 tabs

$\frac{75\ mcg}{0.15mg} \times \frac{1mg}{1\,000mg} \times 1\ tab$

= 0.5 tabs

1304. Doctor's order: Diuril 1.8 mg/kg pot id; Available: Diuril 12.5 mg caps. How many cap will you administer for each dose to a 14 kg child?

a) 2 caps
b) 2.5 caps
c) 3 caps
d) 1.5 caps

1.8 mg/kg x 14 kg

= 25.2 mg or 25 mg (per dose)

1305. Doctor's Order: Cleocin Oral Susp 600 mg po qid; Directions for mixing: Add 100 mL of water and shake vigorously. Each 2.5 mL will contain 100 mg of Cleocin. How many tsp of Cleocin will you administer?

a) 3 tsp
b) 5 tsp
c) 3.5 tsp
d) 1 tsp

$$15\text{ml} \times \frac{1\text{ tsp}}{5\text{ml}} = 3\text{ tsp}$$

1306. Doctor's order: Sulfasalazine Oral susp 500 mg q 6 hr; Directions for mixing: Add 125mL of water and shake well. Each tbsp. will yield 1.5 g of Sulfasalazine. How many mL will you give?

a) 5 mL
b) 3 mL
c) 4 ml
d) 2ml

1 tbsp = 15ml

500mg x 1 g x 15ml
1.5 g 1 000mg

= 5ml

1307. Your patient has had the following intake: 2 ½cups of coffee (240 mL/cup), 11.5 oz of grape juice, ¾ qt of milk, 320 mL of diet coke, 1 ¼ L of D5W IV and 2 oz of grits. What will you recored as the total intake in mL for this patient?

a) 2.325 ml
b) 3,265 ml
c) 3,325 ml
d) 2,235 ml

1 qt = 1 000 ml
1 0z = 30ml

600ml + 345ml + 750ml + 320 ml + 1.250 ml = 3.265 ml
(Grits is not liquid at room temperature, so it is not included when calculating intake)

1308. Doctor's Order: Kantamycin 7.5 mg/kg IM q 12 hr; Available: Kantamycin 0.35 gm/mL. How many mL will you administer for each dose to a 71 kg patient?

a) 2ml
b) 1 ml
c) 2.5 ml
d) 1.5 ml

7.5 mg/kg x 71 kg = 532.5 mg

532.5 mg x 1ml = 1.5 ml
350mg

1309. Doctor's Order: Heparin 7,855 units Sub Q bid; available; Heparin 10, 000 units per ml. how many mL will you administer?

a) 0.79 ml
b) 1.79 ml
c) 0.17 ml
d) 1.17 ml

$\frac{7.855 \text{ units}}{10\,000 \text{ units}} \times 1 \text{ ml} = 0.79 \text{ ml}$

1310. Doctor's Order: Demorol 50 mg IVP q 6 hr prn pain: Available: Demerol 75 mg/1.3 mL. How many mL will you administer?

a) 0.87 ml
b) 1.87ml
c) 2ml
d) 2.87ml

$\frac{50 \text{ mg}}{75 \text{ mg}} \times 1 \text{ ml} = 0.87 \text{ ml}$

1311. Doctor's order: Streptomycion 1.75 mg /lb IM q 12 hr; Available: Streptomycin 0.35 g/ 2.3 mL. How many mL will you administer a day to a 59 kg patient?

a) 1.5 ml
b) 2ml
c) 2.5 ml
d) 3ml

$\frac{227.5 \text{ mg}}{0.35 \text{ g}} \times \frac{1 \text{ g}}{1000 \text{mg}} \times 2.3 \text{ ml}$

= 1.5 ml

= 1.5 ml x 2 = 3 ml

1312. Doctor's Order: bumex 0,8 mg IV bolus bid; Reconstitution instructions: Constitute to 1 000 micrograms/ 3.1 mL with 4.8 mL of 5 % Dextrose Water for Injection. How many mL will you administer?

a) 2ml
b) 3.5 ml
c) 3 ml
d) 2.5 ml

$$\frac{0{,}8\text{mg}}{1\,000\text{mcg}} \times \frac{1\,000\text{mcg}}{1\text{ mg}} \times 3.1 = 2.5\text{ ml}$$

1313. Doctor's order: Tazidime 0.3 g Im tid; Reconstitution instructions: For IM solution add 1.5 mL of diluent. Shake to disoolve. Provides an approximate volume of 1.8 mL (280mg/mL). How many mL will you give?

a) 1.9 ml
b) 2 ml
c) 3 ml
d) 1.1 ml

$$\frac{0.3\text{ g}}{280\text{mg/ml}} \times \frac{1\,000\text{mg}}{1\text{ g}} \times 1\text{ml} = 1.1\text{ ml}$$

1314. Doctor's Order: Infuse 50 mg of Amphotericin b in 250 mL NS over 4 hr 15 min; Drop factor : 12 gtt/ml. What flow rate (mL /hr) wil lyo set on the IV infusion pump?

a) 11.8 ml/hr
b) 58,8 ml/hr
c) 14.1 ml/hr
d) 60,2 ml/hr

4 hr 15 min = 4.25 hrs [4 hrs + (15 min / 60 mins)]

$$\frac{250\text{ ml}}{4.25\text{ hrs}}$$

= 58.8 ml/hr

1315. Doctor's order: 1,5 L of NS to be infused over 7 hours; Drop factor: 15 gtt/ml. What flow rate (mL/hr) will you set on the IV infusion pump?

a) 53,6 ml/hr
b) 214,3 ml/hr
c) 35,7 ml/hr
d) 142.9 ml/hr

1500 ml
7 hours

= 215.3 ml/hr

1316. Doctor' order: Mandol 300 mg in 50 mL of D5W to infuse IVPB 15 minutes; drop factor: 10 gtt/mL. How many mL/hr will you set on the IV infusion pump?

a) 200 ml/hr
b) 87.5 ml/hr
c) 3.3 ml/hr
d) 50 ml/hr

15 min = 0.25 hr

50 ml
0.25 hr

= 200ml/hr

1317. Doctor's order: Infuse 1200 mL of 0.45% Normal Saline at 125 mL/hr; Drop Factor: 12gtt/min. How many gtt/min will you regulate the IV?

a) 2 gtt/min
b) 12 gtt/min
c) 25gtt/min
d) 27 gtt/min

125ml
1x 60 mns x 12 gtt/ml = 25 gtt/min

1318. Doctor order: Recephin 0.5 grams in 250 mL of D5W to infuse IVPB 45 minute; Drop factor: 12 gtt/min. How many gtt/ min will you regulate the IVPB?

a) 6 gtt/min
b) 30 gtt/min
c) 67 gtt/min
d) 87 gtt/min

250 ml x 12 gtt/ml = 67 gtt/min
45 minutes

1319. Doctor order: ¼ L of D%W to infuse over 2 hr 45 min; Drop factor: 60 gtt/mL. How many gtt/min will you regulate the IV?

a) 91 gtt/min
b) 96 gtt/min
c) 125 gtt/min
d) 142 gtt/ min

250ml x 60 gtt/ml = 91 gtt/mi
2hrs x 60 mins + 45 mins

1320. 500mg of Amoxicillin is prescribed to a patient three times a day, 250mg tablets are available. How many tablets for single dose?

a) 6
b) 4

c) 2
d) 8

1321. The doctor prescribes a dose of 9 mg of an anticoagulant for a patient being treated for thrombosis. The drug is being supplied in 3mg tablets. How many tablets should you administer?

a) 3 tablets
b) 1.5 tablets
c) 6 tablets

1322. The doctor prescribes a dose of 9 mg of an anticoagulant for a patient being treated for thrombosis. The drug is being supplied in 3mg tablets. How many tablets should you administer?

A) 3 tablets
B) 1.5 tablets
C) 6 tablets

1323. 2.5 mg tablet. 5 mg to b given. How many tablets to be given?

a) 2

1324. 1000 mg dose to be given thrice a day.250 mg tabs available. No. of tabs in single dose?

4

1325. A drug 150g is prescribed it is available as 5 g tablets. haw many tablets need to be administered?

30 tablets

1326. Paracetamol 1gm is ordered. It is available as 500mg. How many tablets need to be administered?

2 tablets

1327. You need to give 40mg tablet. available is 2.5mg tablets. How much tablets will you give?

16 tablets

1328. A dose of 100 ml of injection Metronidazole is to be infused over half an hour. How much amount of the medicine will be given in an hour?

a) 50 ml
b) 150 ml
c) 200 ml
d) 300 ml

1329. The doctor prescribes 25mg of a drug to be given by injection. It is a drug dispensed in a solution of strength 50mg/ml. How many ml should you administer?

- 2ml
- 1.5 ml
- 0.5 ml – Dose Prescribed: Dose /ml - 25:50=0.5

1330. Mr Bond will require 10 mgs of oromorph. The stock comes in 5 mg/2ml. How much will you draw up from the bottle?

a) 4 ml
b) 10 ml
c) 6 ml
d) 8 ml

1331. A doctor prescribes an injection of 200 micrograms of drug. The stock bottle contains 1mg/ml. How many ml will you administer?

a) 20ml

b) 2 ml
c) 0.2 ml

1332. An infusion of 24 mg of Inj. Furosemide is ordered for 12 hrs. How much dose is infused in an hour?

a) 4 mg/hr
b) 2 mg/hr
c) 3 mg/hr
d) 1 mg/hr

1333. A patient with burns is given anesthesia using 50%oxygen and 50%nitrous oxide to reduce pain during dressing . how long this gas is to be inhaled to be more effective?

• 30 sec
• 60sec
• 1-2min
• 3-5min

1334. A doctor prescribes an injection of 200 micrograms of drug. The stock bottle contains 1mg/ml. How many ml will you administer? ***Bear in mind: The 2 dose values must be in the same unit 1mg=1000mcg , 200mcg=0.2mg then dose prescribed:dose/ml – 0.2:1=0.2***

B) 20ml
C) 2ml
D) 0.2ml

1335. A drug 8.25mg is ordered, it is available as 2.75mg. Calculate the dose.

3 tablets

NB- fluid gvn sets =20 drops per minute

Blood gvn set=15 drops per minute

Burret gvn set=60dr per minute

1336. A solution contains 12.5 g of glucose in 0.25 L; what is the percentage concentration (%) of this solution?

1250mg (12.5g)
250ml (0.25 L)

= 5

a) 5%
b) 10%
c) 25%

1337. A litre bag of 5% Glucose is prescribed over 4 hours. If a standard giving set is used, at what rate should the drip be set?

$$\frac{1000}{4} \times \frac{20}{60}$$

$$= \frac{250}{1} \times \frac{1}{3}$$

= 83

a) 83
b) 60
c) 24

1338. Amitriptyline tablets are available in strengths of 10mg, 25mg, 50mg and 100mg. What combinations of whole tablets should be used for an 85mg dose?

25mg x 3 + 10mg = 85mg

1339. 900mg of penicillin is to be given orally. Stock mixture contains 250mg/5ml. Calculate the volume of mixture to be given.

$$\frac{900 \times 5ml}{250}$$

=18 mls

1340. An injection of fentanyl 225micrograms is prescribed. Stock on hand is 500micrograms in 2ml. What volume of stock should be given?

$$\frac{225 \times 2ml}{500}$$

= 0.9
= 1 microgram

1341. Over a period of 9 hours a patient is to receive half a litre of dextrose 4% in $^{1}/_{5}$ normal saline via a volumetric infusion pump. At what flow rate should the pump be set?

500\ 9 = 55.5ml per hour

1342. How much is drawn from a patient ordered an injection of 80mg of pethidine? Each stock ampoule contains 100mg per 1 mL.

$$\frac{\text{strength required x volume}}{\text{strength in stock}}$$

80mg x1mg
100mg

0,8 ml

1343. A child requires 50 milligrams of Phenobarbitone. If stock ampoules contain 200 milligrams in 2mL, how much will you draw up?

Stock required x volume
Stock on hand

50 mg x 2ml
200

100
200

= 0,5

1344. What volume is required for the injection if a patient is ordered 500mg of capreomycin sulphate, & each stock ampoules contains 300mg/mL?

500mg x 1ml
300mg

= 1,666 mg

= 1.7 mg

1345. A patient needs 5000mg of medication. Stock solution contains 1g per 1mL. What volume is required?

5000mg x 1ml
1000mg

= 5ml

1346. If 1000mg of chloramphenicol is given & stock on hand contains 250mg/10mL in suspension, calculate the volume required.

1000mg x 10ml

250mg

= 40mL

1347. A patient is prescribed 3g of sulphadiazine, the stock contains 600mg/5mL. How much stock should be given to the patient?

3000mg x 5ml
600mg

15 000
600

= 25ml

1348. 500ml is to infuse over a 5 hour period. Find the flow rate in mL/h.

Volume required for patient in ml
Time in hours

500ml
5 hours

= 100 ml/h

1349. Mr Smith is to receive 800mL of an antibiotic via an IV infusion over 15 hours. Calculate the flow rate to be set.

800ml
15hours

= 53,3
= 53

1350. An infusion is to run for 30 minutes and is to deliver 200mL. What is the rate of the infusion in mL/h?

= 400ml/h

1351. Calculate the flow rate if 1.2L is to be infused over 24 hours.

$\frac{1200}{24}$

= 50mL/h

1352. An order states that 500mL albumin 5% is to be given in 4 hours. What is the flow rate that should be set?

$\frac{500}{4}$

= 125mL/h

1353. 500 mg of amoxicillin powder is dissolved in 25 ml of water. What is the concentration in mg/ml?

$\frac{500mg}{25\ ml}$

20mg/ml

1354. A syringe contains 20 mg of morphine in 4 ml. What is the concentration in mg/ml

$\frac{20mg}{4ml}$

= 5mg/ml

1355. You have 1 gram of drug in 20 ml of fluid. What is the concentration in mg/ml?

$\frac{1000mg}{20ml}$

= 50mg/ml

1356. The patient requires 3 mg of epinephrine by IM. You have the choice of 1:1000 or a 1:10 000 solution

a) Calculate how many ml is required for each solution

3 x 1000
1000

= 3ml for the 1 in 1000

3 x 10 000
1000

= 30 ml for the 1 in 10 000

b) What solution is more suitable for injection?

The 1 in 1000 is more suitable for injection

1357. Patient X requires 0.2 mg of 1 in 1000 adrenaline. How many ml do you give?

$\frac{0.2 \times 1000}{1000}$

= 0.2 ml